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ORIGINAL COMMUNICATIONS.

*THE BETA-NAPHTHOL vs. HYDRO-NAPHTHOL CONTENTION.**

By JOHN V. SHOEMAKER, A.M., M.D.,
PHILADELPHIA.

"WHO shall decide when doctors disagree?" asks the poet, with as close accordance with a general truth as reason and poetry require. Yet we shall always find, even in the case of the disagreement of doctors, criteria by which rational decision may be reached. In the first place, the opinions of individual doctors, as well as of persons not doctors, are not of equal weight, as emanating from men of learning, conversant with the class of subjects under consideration, and qualified to be experimentally satisfied, if question of experiment there be, of the results which they have obtained. In the next place, personal feeling and pecuniary interest may enter into the determination of questions, and, giving bias, place the decider of them in a non-judicial attitude of m nd. Other things being equal, the fact of the majority, and that a large majority, on one side, is an element enabling an outside investigator to reach, even amidst a mass of conflicting testimony, a verdict by which he can abide. If, in addition to acceptance of the truth of a proposition upon these general principles, we ourselves have personally investigated a subject susceptible of the test of experiment, have faithfully experimented, and have found our results to coincide with all that has been deduced by the majority of unbiased eminent experts, it is impossible for the mind to rest more securely in conviction. And this is the confidence, I confess, in which my mind reposes with reference to the contention regarding the respective merits of beta-naphthol and hydro-naphthol, for the reason that it rests upon the foundations described.

I have for several years used beta-naphthol in my practice, and, coincidently, have kept myself informed with regard to the investigations of it, going on both in Europe and America, growing out of the discussion concerning the relative merits of beta naphthol and hydro-naphthol.

My first printed contribution to the subject was read on October 17, 1883, before the Philadelphia County Medical Society, and published, on November 3d of the same year, in the Journal of the American Medical Association. My second paper was a brief one, published editorially in the Medical Register. My third paper was read at the late meeting of the American Medical Association, in Cincinnati, and appeared in the journal of the Association. In the first of these papers, written on the basis of a statement of chemical analysis by Dr. Justus Wolff, I cited many instances of treatment in my own practice with beta-naphthol, both of administration of the drug to myself personally and to patients, adding testimony in its favor from the practice of other physicians, everything pointing to the fact that it is not especially toxic in character. The gist of my second paper was that, as Dr. Justus Wolff had gone over to the enemy, and as the contention regarding the toxic character of beta-naphthol seemed to be leading in America

* Read in the Section of Therapeutics at the Annual Meeting of the British Medical Association, held at Glasgow, August, 1888.

to little determinate results, the best way to settle the question was, I thought, to subject the action of the drug to a trial, from the conclusions of which there could be no evasion. The third paper entered more fully into the subject, and made one suggestion as to the cause of the impurity of hydro-naphthol. Curious to relate, it is this hydro-naphthol, which has been shown to be an impure form of beta-naphthol, that is upheld by its advocates to the disparagement of its purer representative.

Now arises a question of circumstantial evidence. Who are the chief supporters of hydro-naphthol as against beta-naphthol? Undoubtedly those persons in New York, having a sort of proprietary interest in the manufacture of hydro-naphthol, and to them must be added that class of physicians which obtains its information as to new preparations from hearsay and from advertisements; the class which, having its counterpart in every profession, is that which is readiest to give certificates of excellence. It may, moreover, be cogently asked, what name but one, prominently associated with chemistry, is also associated with the laudation of the quasi-proprietary hydro-naphthol of New York? And, lastly, we may well think it strange that this excepted chemist seemed to ascertain the poisonous character of beta-naphthol simultaneously with his discovery of hydro-naphthol, and yet that would not seem to enter into the chemical constitution of the new discovery. These facts are strange coincidences, if they are mere coincidences, and do not point to underlying facts. For the sake of argument, however, reckon them, if one will, mere coincidences, and let them be acquitted of ulterior significance if they can stand being contrasted with the facts to be mentioned. Some of the most eminent of living chemists, men who cannot by any possibility be shown to be biased in the slightest degree, either as to beta-naphthol as compared with hydro-naphthol, or as to anything else, save as concerning the searching for, finding, and promulgation of the truth, emphatically declare, under the signature and seal of their own great reputations, that the vaunting of hydro-naphthol as what it has been affirmed to be by its advocates is erroneous, and as what it has been affirmed to be, in comparison with beta-naphthol, as erroneous again. If these allegations are correct, decision must be rendered on both counts against hydro-naphthol. Mr. Merck, of Darmstadt; Professor Jacobsen, of Berlin; M. Bouchardat, of Paris; the physicians of the Pathological Institute, of Giessen, Germany; and Drs. Hoffmann and Endemann, of New York, represent either directly or inferentially the opponents of hydro-naphthol, and have all given the most conclusive reasons for our rejection of it. It has been shown by them that, barring the impurity of hydro-naphthol, the difference in chemical constitution between it and beta-naphthol is *nil.*

In the Pharmaceutische Rundschau, of New York, we Americans find, either in the original or republished form, much bearing upon the subject. In volume v, No. 4, page 82, of that journal, there is a long article from Mr. Merck, regarding what he describes as the so-called hydro-naphthol. In volume v, No. 7, page 154, of the same journal, there is another article by him. In the first of these he gives us two pages of discussion of the subject, chemical constitution, experiments on animals, etc., concluding with the expression that danger from the application of beta-naphthol instead of hydro-naphthol is out of the question, unless it be to the profits of those interested in hydro-naphthol; that in regard to the real danger it is well for the public to know, so that no one through ignorance of the true state of the case may be deceived by employing the falsely-named, impure beta-naphthols instead of the pure ones, and that the chemical and physiological identity of beta naphthol with the so-called hydro-naphthol being well known, Seabury and Johnson, whether wittingly or unwittingly, have placed on the market an impure beta-naphthol under another name. Returning to the charge in the second article noted, Mr. Merck says, flatly: "I have, in this affair, here said my last word, and confidently trust that thanks are due me for having contributed to the clearing up and settling of the hydro-naphthol swindle." Nothing but an *embarrass de richesse* in Mr. Merck's two articles prevents me from drawing at length upon the evidence which he gives in support of his severe conclusion.

In volume vi, No. 2, pages 40 and 41, of the Rundschau, we Americans also found republished Professor Bouchardat's investigations, which are summed up in the Pharmaceutical Record substantially as follows: "Beta-naphthol is absolutely safe in any form it is likely to be administered." Experiments on animals prove

conclusively that it would require nearly one-half pound of it, taken internally, to produce fatal results in a healthy person weighing one hundred and fifty pounds. Tested by injection into the veins of animals, as a 1 per cent. solution, the amount determined as requisite to produce death in an adult human being of one hundred and fifty pounds weight was four hundred grains. Ten grains in a quart of water will prevent the growth of any organisms. It has five times the antiseptic power of carbolic acid, four times that of creasote, three times that of iodoform, five times that of iodol, four times that of naphthalin, but has only one-twentieth the destructive energy of biniodide of mercury.

Dr. Jacobsen is to be found on the same side, equally determined not to lend, even by silence, countenance to a deception of the less educated among the medical fraternity, and through them of the public. Drs. Hoffmann and Endemann, writing in America, are, of course, best known to such physicians in that country; but if their weight is disputed, that of the other authorities cited can certainly not be impugned. I shall be forgiven, with such authorities as I have on my side, as compared with those on the other, for adhering to my convictions as to the merits of beta-naphthol as compared with hydro-naphthol. Contrast the following lucid statement by Mr. Louis Genois, in the Medical Times (American) of June 15, 1888, with that which follows it from the pen of Dr. Justus Wolff, in the International Journal of Surgery and Antiseptics, of April, 1888.

"Naphthols," says Mr. Genois, "are compounds derived from naphthalin by the substitution of one molecule of hydroxyl (H.O.) for one atom of hydrogen. Naphthalin is regarded as a derivative of benzol, its graphic formula representing it as two benzol rings adhering by one side. The hidrogen atoms of naphthalin are divided into two groups, in one of which they are written with a small *h*, and in the other with a capital *H*. Now, derivatives of naphthalin in which the (small *h*) hydrogen atoms are replaced by other elements or radicals, are called alpha derivatives (such are compounds containing chlorine, bromine, nitric acid, etc.), while those in which the (capital *H*) hydrogen atoms are replaced by other elements or radicals, are called beta derivatives. When, however, naphthalin is treated with sulphuric acid, both varieties are produced, unless very elevated or long-continued heat be applied, in which case only the beta variety results. The usual method of manufacture is as follows: Naphthalin and sulphuric acid are heated together for several hours, the mixture poured into a large quantity of hot water, the excess of the naphthalin filtered off, and the solution saturated with lead carbonate. On evaporation the beta salt crystallizes out first, the alpha salt last. The former is soluble in boiling alcohol, the latter is not; hence they are easily separated. From these lead naphthalin sulphonates the respective acids are prepared, and from the acids fused with an alkali two naphthols are made—the alpha and beta—and these are the only possible naphthols."

Dr. Justus Wolff, however, tells us in his paper above mentioned, that he has, besides the two well-known alpha- and beta- naphthols, met with two more naphthols similar to the above ones, but distinct from them in their chemical constitution and some of their properties and reactions. He says: "The four naphthols, then, are as follow: alpha-hydro-naphthol—alpha-anhydro naphthol, commonly called alpha-naphthol — beta-hydro naphthol, named in commerce (that is, named by himself) hydro-naphthol—beta-anhydro-naphthol, called in commerce beta-naphthol."

Here is a case of disagreement among doctors with a vengeance. Physicians quote M. Bouchardat against Dr. Justus Wolff, and in this very article Dr. Wolff quotes M. Bouchardat as verifying his results. Mr. Louis Genois informs us that alpha and beta are the only possible naphthols, and Dr. Wolff says he has found four. How is one to know in these mysterious days what is true and what is false even in chemistry? Perhaps there is some capacity in matter, even when not tenanted by mind, to cast its astral or other psychical body in a quite fortuitous manner, never to be resumed, even to the view of one versed in the most occult mysteries of esoteric Buddhism, and perhaps these hydro things may never turn up again, or perhaps they may gradually materialize from the ghost of print. The situation amounts simply to this, that physicians who vaunt the superiority of the so-called hydro-naphthol over beta naphthol betray their ignorance of the literature of the subject. The fact that some of the most distinguished of living chemists have given conclusive evidence of its being an impure form of beta-naphthol, and that no one

of equal authority has testified to the contrary, while at the same time there is every reason to believe that the heralding of the so-called hydro-naphthol as a genuine article, superior to every similar product in the market, is purely a commercial speculation. My own investigations on the subject, necessarily confining themselves to the questions of reaction and physiological effects, and covering many years, have proved conclusively to me that the opponents of beta-naphthol know nothing of the subject, except through venders of hydro-naphthol, whose procedure Mr. Merck well characterized in a single word. Supported in my own conclusions by the able investigations that have taken place in Europe, supplemented by those of some of my own countrymen, I am perfectly satisfied to rest the case with its mere statement.

DIPHTHERIA.

By F. O. DONOHUE, M.D.,
Member of Medical Staff of St. Joseph's Hospital, Syracuse, N. Y.

FROM the earliest dawn of medical history, from the time when Hippocrates wrote a description of diphtheria, the literature on the subject has increased until, at the present time, it has reached enormous proportions. Notwithstanding the medical profession is still very far from being united on the question whether it be primarily a local infectious disease with subsequent constitutional symptoms, or whether it be systemic from its inception and the local lesion the expression thereof, both theories are propounded and ably supported. But the tendency of scientific thought to day is overwhelmingly on the side of the specific nature of the poison which produces the disease, and against the theory of its spontaneous origin. That it does not generate *de novo* from any malodorous cess pool or combination of defective plumbing and neglected water-closets would seem established, reasoning by analogy. It is true there has been as yet no specific microbe of diphtheria isolated, despite the fact that it has been diligently and enthusiastically searched for by a number of able investigators. It is one thing to discover bacteria and another thing to prove that they are the cause and not the result of the disease. We have but a very slight knowledge of the relations these microorganisms bear to diseases. We have no positive knowledge or proof of the existence of a *contagium vivum* in small-pox, scarlet fever, and many other diseases; but that it exists most of us are ready to believe. There are so many features of the disease under consideration which cannot be explained, but each year they are becoming less, and with increasing knowledge they will be fewer still.

There is abundant clinical evidence to show that primarily diphtheria is a local disease, and from a microbic stand-point is a growth upon mucous membrane, and, other conditions being equal, the systemic poisoning corresponds to the degree of the local infection and the so-called exudation or false membrane is infiltrated tissue, which sometimes causes mechanical obstruction to respiration and forms a nidus under which and through which the disease germs flourish. The minutest speck appearing anywhere in the fauces should receive immediate attention, as the most malignant type of the disease may develop from a very small focus. It has been said that there is no regulation size of a diphtheritic membrane. From the size of a pinhead to the condition resembling the coating of membrane with ashes we recognize no difference save one of degree. In the early stages of the disease the best method of treatment is the application of germicides and antiseptics to the local lesion. Among the best are bichloride of mercury, permanganate of potassium, and carbolic acid; these should be applied in the form of spray; all traumatism of the delicate structures of the throat should be avoided as favoring an extension of the disease. The old-fashioned swab and probang should be relegated to oblivion as a relic of heroism of the past. There are other conditions and indications to be met in the way of constitutional treatment. Pre-eminently above all other remedies in the Pharmacopœia, and they have all been tried, in my experience stands the muriate tinct. iron, which should be given in full doses. This drug, aside from its well-known properties of overcoming anæmia, which is always present in this disease, exerts some specific action on the local lesion while being swallowed. The diet should be concentrated and of the most nourishing kind, such as broths, milk, and sometimes alcoholic stimulants. There is a certain class of cases in which the diseased process begins in the trachea beyond the reach of topical applications; in these marked benefit has been derived from inhalations of the vapor formed by slaking quicklime. Frequently in these cases the so-

called exudation reaches such proportions as to menace life by obstructing the respiration, rendering suffocation imminent; it is then that the physician should lay aside all timidity and straightway perform tracheotomy, thereby giving his patient one more chance for life. There is still another class of cases attended with such malignancy that no line of treatment will be of benefit. The system seems to be overwhelmed with the intensity of the disease on account of the debilitated condition of the constitution, which offers less resistance to its onset. In these cases the most the physician can do is to alleviate the symptoms, the condition of the patient being hopeless from the outset.

THE ETIOLOGY AND TREATMENT OF DIPHTHERIA.

By J. J. CONNER, M.D.,
PANA, ILLINOIS.

(Concluded from page 107.)

I ACKNOWLEDGE that the contents of this paper so far are rather contradictory to the definition which I gave to the disease diphtheria at the beginning of this article, yet I wish to remind you that I also said, "when fully established," for I believe that one case of diphtheria will breed diphtheria by contact, and I also believe that, as an epidemic of diphtheria is waning, it is often changed into scarlatina, and sometimes into typhoid fever. The same may be said in regard to scarlatina being followed or, better, changed into diphtheria. The three diseases are merely different expressions of a primary cause, whatever that may be. One form of the disease will be followed by the other in a shorter or longer time, according to circumstances. The same is recognized by authors in regard to chicken-pox and small-pox.

But I may be asked, How do you account for the fact that a certain poison will give rise in one case to diphtheria, in another to scarlatina, and yet in another to typhoid fever? I answer that I am unable to explain the *modus operandi* in the case. Neither can I account for the reason that a certain medicine or drug will make one person cry and another one laugh, or why one drug will make some people sleep while it will keep another one awake, or why a drug in large doses will make one vomit, and if given in small doses it will stop vomiting, or why a drug, if given in large doses, will increase the rapidity while weakening the heart's action, but if given in small doses it will decrease the rapidity and strengthen the heart's action. I am only calling your attention to facts, and will let you explain them if you can.

The same poison in the system will attack the throat in one case, the skin in another, and the glands of the intestines in another, according to the susceptibility, condition of system, or the idiosyncrasy of the patient, modified by his surroundings and medical treatment. It has been taught for many years that, if simple continued or remittent fever were badly treated, it would be converted into a typhoid fever. I believe that diphtheria is a *condition of system* rather than an *entity in* the system.

Upon the question of bacteria, microbes, micrococci, etc., I wish to make some extensive quotations from Dr. A. Jacobi, found in "American System of Medicine." I will say right here, though, that I do not doubt the presence of spores in the diphtheritic process; I rather look upon them as accompaniments than as the primary cause. There are microbes in all diseases.

"After Henle had (in 1840) expressed his opinion in the existence of a contagium animatum, and morbid processes had for some time been compared with the phenomena of fermentation, Schwann demonstrated the presence of lower organisms in fermentation and putrefaction. The discovery of the cause of the silk-worm disease by Bassis, of the achorion by Schönlein, of the acarus by Simon, of bacteria in malignant pustule by Pollender, Brauell, and, above all, by Davaine, in relapsing fever by Obermeier, the teachings of Pasteur concerning the conditions under which putrefaction occurs, all tended to explain the various infectious and contagious diseases by analogy also, and to stimulate the search for a vegetable organism in diphtheria. Buhl was the first to discover schizomycatæ in diphtheritic membrane, but expressed no opinion as to the part they played in the process. Heüter found them in the gray diphtheritic covering of wounds, in the surrounding apparently healthy tissues, and in the blood. Heüter and Tomasi found them in the diphtheritic membranes of the pharynx and larynx, and inoculated them on the mucous membranes of animals, and described them as small, round or oval, dark-colored, active little bodies. The

latter observers look upon these organisms as a part of the infectious element. Oertel found them in diphtheritic membrane and in inflamed mucous membranes, in the lymphatic vessels, in the lymphatic glands, kidneys, and other organs; he considers them as the contagious element of diphtheria. Nassiloff, too, after inoculations in the cornea resulted in an enormous multiplication of the microscopic organisms and their appearance with pus-cells in the lacteals and the lymphatics of the palate, and even in the bones and cartilages, asserts that the development of organisms is the primary step in the diphtheritic process. Eberth made successful inoculation in living tissues; the micro-organisms introduced into the cornea proliferated actively and caused an inflammation of irritative character in the surrounding tissue. He asserts, with the positiveness of an evangelist, that diphtheria cannot occur without bacteria. Klebs inoculated the micrococci in pigeons and dogs, and found them in the blood of the animals after death. Orth found them in the pleura, lungs, kidneys, and urinary bladder. But what their action is, whether they are directly pernicious, or deprive the body of certain elements (as of oxygen in indignant pustule, according to Bollinger), or injure mechanically by acting on the coats of the blood-vessels (either directly or by means of altering the blood), thus depriving whole territories of their blood-vessels, is a question upon which the principal advocates of the parasitic theory have not yet agreed. Even Oertel acknowledges the impossibility of explaining the manner in which bacteria act. This much is positive at any rate: that no one has yet proven the vegetable organisms atom, and not other, free or fixed, parts of the diphtheritic membrane are the vehicles of the infecting elements (Steudener); and even now the question has not been decided whether the bacteria met with in diphtheria constitute the cause of the disease, or are a part of the process or co-effects of the poisonous action, whether they are the carriers of the poison or entirely indifferent ntities.

"The most important observations made by those who deny a direct etiological connection between micro-organisms and septic diseases in general, and diphtheria in particular, are those of Hiller and Bilroth. The latter has proved the morphological identity of the various kinds of bacteria, although it cannot be denied that the apparent similarity may mask a yet unknown difference. Hiller calls attention to the fact that large numbers of micrococci have been found in the cadaver when death has not been the result of septic disease, and also that septic infection is not always severest where the bacteria most abound, but where an extensive chemical decomposition or a mass of putrefying tissue is found. This would indicate that the septic process is rather dependent on chemical decomposition than on the presence of bacteria.

"Panum, Bergman, and Schmiddeberg have isolated poisons that contained no bacteria. Rawitsch and many others prove septic infection is not dependent on the presence of bacteria. Davaine has shown that an infinitely small amount of a chemical poison, free from bacteria, can kill quickly. According to Bilroth, the presence of cocco-bacteria in the blood during life has not once been proved—not even in pyæmia or septicæmia. Yet their being swept into the lungs with the atmospheric air is indisputable. It would, therefore, seem as though living blood had a greater tendency to destroy bacteria than to allow itself to be decomposed by them. Not only would it seem so, however, but P. Grawitz proves that sporules do not grow in the blood (and tissue), but that they are in part dissolved, in part eliminated through the kidneys, and that this result is accomplished through the combination of the following four factors, viz.: The elasticity of the blood, its constant motion, the absence of oxygen in sufficient quantity in the circulating blood, and the presence of living cells. All of these factors seem to be of great importance. Thus it is that, where the constant motion of the blood and the animal living cells are not present (as in the anterior chamber of the eye or in the vitreous humor), a rapid proliferation and accumulation of bacteria can take place. They are also known to increase rapidly, and migrate into the liver when deposited in the abdominal cavity. The destruction of bacteria in the circulating blood, into which they may have penetrated, accounts for some microscopical facts in connection with (actually or apparently morbid) blood. Their remnants are probably the pale and dark particles which are discovered in the blood alongside the red and white blood-corpuscles. They could not be identified as micrococci, while in the tissue they are more recognizable. In

autopsies they have been found in the urinary tubules, pressing forward and piercing the walls, not occupying a nidus of inflammation, however, and probably are even here a post-mortem phenomenon. A direct necrosis or inflammation by the inoculation of diphtheritic elements can only be produced in the cornea, as was shown by Recklinghausen, and particularly Eberth. Besides, there is nothing characteristic in the cocco-bacteria of diphtheria, with the exception, perhaps, of their browner color, to justify their being looked upon as a distinct variety, certainly not as another species. It is more likely that a difference of action is not so much to be sought for in a different parasite as in the peculiarity of the corneal tissue. When fluid containing cocco-bacteria was injected into the eye of a rabbit, in twenty-four hours the eye was destroyed. If injected into the eye of a dog or guinea-pig, only a slight inflammation resulted. If these experiments were continued on a larger scale we might eventually by analogy infer, and even prove, that the immunity against certain diseases enjoyed by some animals is owing to peculiarities in the very structure of their own tissues. In a similar manner . . . . . peculiarities and variations in the tissue and epithelium of the human body give rise to different shades and variable clinical symptoms in the diphtheritic processus." (Jacobi.)

Drs. Wood and Formad, able and capable men, recognized as authorities the world over, say, in Sup. No. 17 (1880) of National Board of Health Bulletin: "It is altogether improbable that bacteria have any direct function in diphtheria, *i.e.*, that they enter the system as bacteria, and develop as such in the system and cause the symptoms." And again, in January, 1882, Sup. No. 17: "There is no proof as yet that the micrococci are the cause of the disease. Their presence in the exposed dead tissue is no evidence, for the membrane represents but the necrotic mucous lining."

"Indeed, when the healthy mucous membrane of the mouth or trachea is destroyed by caustic—for instance, ammonia—the eschar into which it is converted—really a pseudo-membrane—contains the same micrococci as are found in true diphtheria. Moreover, in the scrapings of the healthy tongue the same micrococci can be seen. Of more significance is the detection of the same or similar micrococci in the blood of living patients during severe attacks. But since these parasites were found only in the more severe cases, and not in all instances of the disease, were seen also in the blood of other septic disorders, and since no cultures have been made with the fresh blood, there is not yet enough evidence for any decision. In the internal organs bacteria are not found with any degree of regularity in diphtheria." (H. Gradle.)

No one knows, in the present state of scientific medicine, I take it, where the poisonous principle of diphtheria comes from or how it originates. Whether it is produced, as was taught and believed so extensively a few years ago, that it is a spontaneous growth from filth and decaying and putrefying substances, coming from sewers, privy-vaults, old, damp cellars, contaminated drinking-water, and the like, or whether it is a special creation endowed with the power of infecting everything and every one having a suitable soil in which it may take root, multiply, and spread death and illness all over the land. No one knows as yet whether the germ of diphtheria is a diphtheria germ *de novo*, or whether the original germ, under peculiar circumstances, will assume a protean form, and show itself in several different types of disease, such as typhoid fever, scarlatina, and other forms of disease.

On this point Dr. J. T. Everett, of Sandusky, Ohio, says (Med. and S. Rep., vol. xlv, p. 197):—

"In order to determine the origin of the first diphtheritic germ we must first decide upon either a 'special creation' as a starting-point in 'organic life,' which shall apply as well to the bacteria as to the man, the palm, or the mastodon, or we must admit a 'spontaneous generation' and the evolution of species from the 'environment.'"

Treatment.—This includes the different complications of the disease as well as the disease proper, and the different sequelæ. It is a bad sign of the curability of a disease when there are recommended a great number of remedies for it; and often, too, many of that number claimed as specifics. There have been in the last few years several remedies which it was claimed by their advocates to cure this disease every time. Among them I call to mind sulphur, tar, coal-gas, turpentine, creasote, carbolic acid, chlorate of potash, iron, calomel, corrosive sublimate, biniodide of mercury, eucalypton, pinus canadensis, quinia, strychnia,

alcohol, and electricity. There is no disease so treacherous as diphtheria. It will flirt, as it were, like a scheming woman, leading one on from one successful case to another until you are ready to cry out Eureka! if perchance you have not already published to the world, or boasted in the community, that you can cure diphtheria every time; when, presto! a series of deaths will follow your track in such quick succession that you will conclude that you have been following an *ignus fatuus*, or that the fickle goddess, in whom you have placed your confidence and hopes, has placed her smiling face for your rival practitioner to enjoy while you wonder what has done it.

The ideal physician is that one who nobly pats nature on the back in her combats with disease, and whenever he sees an opportunity to aid her he should do so without stint. Eternal vigilance here is, surely, the price of life. No faltering can be permitted. Death is liable to come in an instant when he is least expected.

The physician who treats diphtheria, keeping his mind encumbered with the idea that he has a foe in the shape of some entity as a living inhabitant of his patient's body, instead of the fact that he has a human being to treat, will, in my judgment, lose his patient in death. The condition of the patient should be his guide in the treatment of this disease. When I first began the practice of medicine, my sister, who is several years older than myself, said to me, "If I was you I would treat diphtheria as if it was a constitutional disease, rather than to depend much upon the application of local remedies." I have kept her words well in mind, and have never had occasion to regret following her advice. I have no set rule or routine of prescriptions when treating a case of diphtheria. I don't believe I have ever treated any two cases of diphtheria exactly alike. Of course I have a few chosen remedies which I employ more than I do others, but I combine them differently as I find the exigencies of the case to require, using some in one case and others in another. My list comprises stimulants, tonics, sialagogues, purgatives, diaphoretics, diuretics, anodynes, alteratives, hæmatics, antiseptics, and antimicrobics, anything and everything, whether in the air, in or on the earth, in big doses sometimes and at other times minute doses, sometimes according to the law of "*similia similibus curanter*," and at other times according to the law of "*contraris, contrarius curanter.*" And, again, sometimes because I have seen it do good, or heard about it doing good, without any law or in spite of all the laws, except, perhaps, that maybe some old woman has applied the remedy through intuition. I recognize that my patient is in a dangerous condition, and I hasten to relieve him and help him out of the trouble he is in without standing on ceremony. Of course I keep in mind, as well as I can, the incompatibilities, but I still remember at the same time that some remedies are chronically incompatible, while they are physiologically and therapeutically not so, but will unite in the human system, forming new combinations, and do good. I know that by prescribing two or more remedies at one and the same time I can produce an effect entirely different from the action of either when administered alone. I do not practice polypharmacy to any great extent. I use as few remedies at one time as I can possibly get along with. I deprecate a so-called "shot-gun" prescription.

If I should be called to see a child some four to six years old, with a history of having had a chill sometime within the past twenty-four to thirty-six hours, who now has a dry skin, fever, is nervous, has headache, bound-up bowels, sore throat, swollen tonsils, with gray, dirty-looking patches upon them, a fetid breath and enlarged cervical lymphatics, I should prescribe something like this, viz.:—

℞ Tr. aconit. rad., . . gtts. viij.
Tr. ipecac. et opii, . . gtts. xij.
Aquæ puræ, . . . f℥iij.

M. Sig.: Teaspoonful every hour till further ordered.

℞ Hyd. chlorid. mitis, . . gr. iij.
Resinæ podophyl., . . gr. j.
Sacch. alb., . . . ℈j.

M. ft. ch. no. x.

Sig.: One every two hours until the bowels move freely.

℞ Potass. chlorat., . . ℥ij.
Tr. guaiac. am., . . ℥iij.
Tr. cinch. comp., . . ℥j.
Syr. simpl., . . ad ℥iij.

M. Sig.: Shake bottle and give a teaspoonful every two hours along with a powder.

The throat and neck are thoroughly inclosed by either cotton-batting or several thicknesses of red flannel, under which is kept constantly applied strips of old bacon, or a mixture of equal parts of turpentine, camphor, and lard.

I find myself omitting the use of local measures more and more as I grow older. If the throat should become obstructed much by the exudation in the pharynx, I am in the habit of using a mixture which I learned of Prof. J. Lewis Smith. It is the following:—

℞ Ac. carbol., . . . gtts. viij.
Liq. ferri subsulph., . . ʒiij
Glycerinæ, ... ʒj.—M.

This should be applied once in three, four, and six hours by means of a bent probang. I make the first one or two applications myself, and I introduce the mop low down so as to make the patient gag, and while he is doing so I thoroughly apply the styptic over the whole affected region. It immediately detaches the necrotic and sloughing exudate, and thoroughly astringes the flabby tissues, besides giving them a good antiseptic covering. I do not use this often, for I hardly ever find cases requiring such measures, but when I do use them I have one in this mixture that never disappoints me. The child should, immediately after having this applied, be turned on its side or face so as to favor the throwing off of the detached substance, and prevent its falling into the air-passages. I believe this way of removing a membrane to be better than giving emetics, for the depressing effects of an emetic is sometimes dreadful to behold. This mixture does all that an emetic will do, and is far more manageable; but others, notwithstanding their depressing effects, still use emetics, among them being Dr. A. Jacobi, of New York, than whom there are no higher authorities.

To relieve the swollen and turgid glands of the throat, and aid in the separation of exudate, some use jaborandi and others electricity. I would hesitate to use jaborandi on account of its, sometimes, causing cardiac depression. Electricity I have never tried, but I believe, from what I have heard of its good effects, that I should try it if a favorable case presented itself.

The nasal cavities, if they should become involved, should be thoroughly syringed and sprayed with some suitable antiseptic and moderately astringent solutions. This should be repeated frequently and at regular intervals to be of the best service.

The most formidable thing to deal with, I think, is the different paralyses. They are apt to come on suddenly and when we are not expecting them. Some of them I will mention, viz., paralysis of the heart, of the lungs and trachea either singly or together, of the œsophagus, of the eyes, the extremities, and even of the brain. These must be promptly met. My remedies are alcohol, digitalis, iron, quinine, and best of all, being my sheet-anchor, is strychnia. Later on, the battery should be called into use.

Gentlemen, I am conscious that I have been guilty of wearying you, and yet I have not said a word of the prevention of this monstrous disease. I believe that this field will in the near future give us our very best reward. It lies in isolation, plumbing, drainage, disinfection—in a word, CLEANLINESS.

"Tell me not in scornful numbers
Sanitation is a dream:
Woe be to the man who slumbers,
Thinking drains are what they seem.

"Drains are real, bad gas injurious:
If the grave is not our goal,
All past systems are but spurious:
Carefully redrain the whole.

"Ill-drained houses all remind us,
Sanitation is sublime:
Shunning the association,
Henceforth shall be held a crime."

(*From Edinburgh Medical Journal.*)

*REPORT OF A CASE OF HEMORRHAGIC SCARLATINA.**

By H. E. KNIPP, M.D.,
Chief of Dermatological Clinic, University of Maryland.

IDA S., aged twenty-one years, had a chill on Friday evening, November 23, 1888, followed by slight fever. Saturday she became better until evening, when she had another chill, accompanied by a high fever and profuse uterine hemorrhages; she also said her throat was sore.

Very early Sunday morning she was attacked with vomiting, later in the day she suffered with great pain in the lower part of the abdomen, and the blood that came from the uterus came in clots. In the evening she commenced to bleed from the mouth and nose, and had diarrhœa. Patient felt hot and complained of severe headache and ringing noise in the ears. This condition of affairs continued until Monday night, when I saw the patient for the first time and found her in the following condition: Her mouth and nose contained blood, there were evidences of uterine hemorrhage and purpura hæmorrhagica on the face, neck, chest, and ex-

* Read before the Clinical Society of Maryland, March 1, 1889.

tremities. Patient was in a semi-unconscious condition and could only be roused by loud calling; when asked whether or not she had pain, she, after great effort, indicated that her head hurt her. Pulse appeared tolerably strong, temperature 103° F. I ordered a half a drachm each of aromatic sulphuric acid and fluid extract of ergot every three hours.

Tuesday morning all the subjective symptoms were aggravated; it was extremely difficult for her to swallow anything on account of the large amount of blood in her mouth, and that her tongue was swollen and stiff. As the hemorrhage had not ceased, it was determined to give hypodermics of Wyeth's fluid extract of ergot and whisky, of each thirty minims. When I introduced the hypodermic needle into the thigh, I saw that there was a characteristic scarlatina eruption, in addition to the purpura hæmorrhagica, all over the legs and midway of the thighs. This eruption was not there the preceding night. Pulse at the wrist was imperceptible, temperature 103° F.

3 P.M. The hemorrhage had been slightly checked, the eruption extended over the abdomen, but was fading on the legs. She was unconscious, but exhibited signs of pain when she was given hypodermics of ergot and whisky, each fifteen minims. Pulse imperceptible, temperature 105° F.

7.30 P.M. The eruption extended over the chest and neck, and was coming on the face; had disappeared from the legs, and was fading on the thighs. Pulse at wrist imperceptible, temperature 106° F. About three minutes after removing the thermometer from the axilla the patient's heart stopped beating.

For the history of the case up to Monday, midnight, I had to depend upon the statements of her mother. In the intervals between my visits I ordered whisky to be given every ten or fifteen minutes. The patient was a thin, anæmic woman, a cigarette-maker, and for several months previously had been feeling unwell, though not sick enough to go to bed. Ever since she was sixteen years of age, she used to have great pain and lose a large amount of blood at her menstrual periods.

After the diagnosis was made on Tuesday morning, hygienic measures were adopted and chloride of lime was freely used all over the house. Several members of the family suffered with sore throats, but none of them have had eruptions on the body up to the present time.

*DIVISION OF THE INFERIOR DENTAL NERVE AT THE INFERIOR DENTAL FORAMEN, BY AN INCISION THROUGH THE MUCOUS MEMBRANE OF THE MOUTH.**

By HENRY C. BOENNING, M.D.,
Lecturer on Anatomy and Surgery in the Philadelphia School of Anatomy, Medico-Chirurgical College, Philadelphia Dental College, etc.

I DESIRE to call your attention to an operation performed by a method which is probably entirely new. I refer to the division of the inferior dental nerve by an incision through the mucous membrane of the mouth. The only branch of the inferior maxillary division of the fifth nerve heretofore reached by an incision through the mucous membrane of the mouth is the gustatory, operations on which are now classed among the commoner surgical performances, but the inferior dental nerve, and others deeply situated and close to important structures, have been reached heretofore only through external incisions and resection of the ramus of the inferior maxillary bone either in part or whole. The operation above referred to I have successfully done in two cases, the reports on which are as follow:—

Philip G., aged fifty years, sent to me by Dr. Hughes, of Wilmington. I saw him for the first time on Monday, May 7, 1888. His lower jaw was swollen, markedly so on the left side, and he complained of violent, stabbing pains in the jaw, ear, and side of head. He stated that six months before, while submitting to some dental manipulations, Dr. Hughes discovered a fungoid mass projecting from the mucous membrane of the floor of the mouth between the jaw and tongue, and, as far as I could ascertain, opposite to the second bicuspid. The mass was about the size of a large pea, the gum and mucous membrane beneath was brawny, hard, and slightly fissured, and the seat of a stinging sensation. He had for some time noticed that the application of the tooth-brush caused slight bleeding, but, strange to say, he was entirely unaware of the morbid state of affairs until informed of the facts by Dr. Hughes. He then consulted a physician who burned the mass with lunar caustic, and ordered a mouth-wash. Early last May, Dr. Hughes referred him to me. I found the entire left side of the body of the inferior maxil-

* Read before the Northern Medical Association, April 26, 1889.

lary bone enlarged, intruding upon the mouth. The tumor was spongy, slightly tender, and crackled beneath the pressure of the finger. The tongue was stiff, articulation somewhat embarrassed, deglutition difficult, and imbedded in the tongue were several hard nodules. The mucous membrane of the floor of the mouth was fissured, and bled on the slightest contact. A bunch of enlarged cervical glands were found at the angle of the inferior maxillary bone. He suffered intense pain, paroxysmal in character, had profuse salivation, and was much emaciated and decidedly yellow. He found little or no relief in anodynes, and I suggested division and resection of the third division of the fifth nerve, but owing to his wretched condition determined to do as little as was positively necessary, and hence I concluded to divide the gustatory and inferior dental through an incision through the mucous membrane of the mouth. On Monday, May 14th, after benumbing the mucous membrane with cocaine, an incision was made between the arch of the fauces and the anterior border of the ramus of the inferior maxillary, extending downward and inward, to the floor of the mouth. The gustatory was picked up with a blunt hook, and a ligature thrown loosely around it. Then I detached the internal pterygoid from the inner side of the ramus, considerable force being necessary to detach the tendinous intersections of the muscle, and with my finger I felt for the inferior dental foramen, which was readily distinguished by the ligament (internal lateral) attached to its inferior border and the sharp process of bone overlapping its inferior margin. I then passed a blunt hook, turned its free end inward, and thus secured the inferior dental nerve and the internal lateral ligament of the jaw, both of which I cut. The gustatory was drawn forward, ligated, and cut above the ligature. The result was good, the pain ceased, and the salivation diminished to a great extent. The ligature came away four days later, and at the end of two weeks the wound had dwindled to a mere linear ulcer. Mr. G. then returned to his home, and I lost all trace of him until the Christmas holidays, when I learned that he had remained comfortable for two months, but gradually the disease invaded the entire tongue, which swelled so as to almost fill the buccal cavity. Violent pains in the right side of the head occurred, he had attacks of dyspnœa, amounting at times almost to suffocation. He became gradually weaker and weaker, and died of starvation on Sunday, September 16, 1888.

Case No. 2 is Mrs. W. B., sixty-five years old, residing at 515 Chatham Street. Sometime during last summer she consulted me about pain in her tongue and head, and for a lump on her tongue. I examined her carefully and found a hard, nodular mass, about the size of a hazel-nut, deeply imbedded in the base of the tongue on the left side, and a swollen gland at the angle of the jaw. The pain was decidedly acute, although intermitting and variable. There was a tendency to the localization of the pain in and about the ear. The diagnosis was, of course, clear. I consulted with the family and urged the removal of the tongue, larynx, and associate parts, but as they were entirely opposed to any operative interference I deferred, temporizing until the pain became so strongly exaggerated as to be beyond the control of opiates and local anæsthetics. As the result of my solicitations, and the suggestions of Dr. Pepper, I finally secured consent to an operation, which I took much care to explain was simply for the relief of pain, any other operative proceeding being by this time fairly out of the question, the disease having extended well into the surrounding parts, including the maxillary structures. On Monday, February 25th, I repeated the operation, before described, dividing the gustatory and inferior dental nerves, with prompt relief to the pain, but unfortunately the divided gustatory united at the end of three weeks, when pain of a violent character again occurred. Since that time the tumor has grown rapidly, and now pain on both right and left sides of the head are experienced.

Following the operation in the case of Philip G., insensibility of the left half of the tongue and left lower lip was the result. In the second case, the lower lip of the left side was devoid of sensibility to the extent of the area of a silver dollar. The left half of the tongue posteriorly was completely devoid of sensation, although the impression to sweets and acids was responded to. The anterior third of the tongue was not affected. After the lapse of about three weeks the prick of a pin was felt at the side of the tongue, and at the end of the sixth week sensation was apparently perfectly restored. The lower lip and the skin of the chin is to-day without sensation.

Briefly, the operation of dividing the inferior dental nerve at the inferior dental foramen by the inside method is as follows:—

The patient is anæsthetized either locally or in general; the jaws are widely separated; an incision is made through the mucous membrane obliquely downward and inward, the initial point of the incision being midway between the tubercle of the superior maxillary and the coronoid process of the inferior maxillary bone; the incision is carried across the fold of mucous membrane, which covers the palato-glossus, to the floor of the mouth slightly in advance of the last molar; free hemorrhage follows, which, however, shortly subsibes; the incision is next carried through the buccinator muscle, a quantity of fat which pads the interval between the buccinator and the ramus of the jaw, is pushed aside; the anterior sharp border of the ramus is found and the pterygoid muscle partially detached from the ramus; finger is carried back to the inferior dental foramen, which is easily recognized; the nerve and ligament, if you wish, are fished up and divided; the end of the blunt hook is then turned into the inferior dental canal and the distal stump of the nerve crushed.

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*A CASE OF SENILE CHOREA, WITH REMARKS.**

By J. M. ANDERS, M.D.,
Physician to the Episcopal Hospital.

BY the majority of authorities chorea in aged persons is believed to be rare. Not many years ago writers on the subject of chorea held that old age was of itself conclusive evidence that this disease did not exist in any given case. But since the collection and publication of twelve cases by Robert Saundby in 1884 the fact that senile chorea is a distinct affection can no longer be doubted. From ordinary chorea, which usually occurs during the period of approaching puberty, it differs widely as to etiology, and probably pathology as well. Believing that the extreme rarity of the occurrence of chorea in the aged fully justifies those practitioners of medicine who meet with it in publishing an account of their cases, I make no apology for placing on record the following case which came under my notice in the Episcopal Hospital. The resident physician, Dr. G. B. Lancet, November 24, 1884, quoted by Sinkler and Tullidge, has kindly furnished notes of the case, to which only slight additions have been made:—

"J. B., æt. 60 years, occupation clothing cutter, was admitted to the medical ward of the Episcopal Hospital, August 27, 1888. Patient prior to present trouble was in most excellent condition. He has had small-pox, three attacks of gonorrhœa, and acute articular rheumatism; all over thirty years ago. His habits have ever been temperate, though he has occasionally indulged in alcoholic drinks. His father, of sound body, was drowned. His father's brother died of old age at ninty years, and his mother, prior to death from cholera in 1849, had always been in vigorous health.

"He attributed present attack to exposure while at Atlantic City in July, 1887. One hot night he slept with his head on the sill of an open window; the wind changed, the temperature fell, and he awoke cold, chilly, and suffering with pain and stiffness in the muscles of the neck. From that morning began the symptoms now complained of. The patient, an American by birth, has always lived in Philadelphia, is five and a half feet tall, and spare, though as well nourished as he has ever been. He comes complaining of his inability to keep at rest while awake, of oft-recurring attacks of fidgets. The attacks have so increased in severity and frequency as to compel cessation from work. There is a slightly increased prominence of the nape of the neck, though no actual deformity of the cervical portion of the spinal column is discernible; and his head is constantly held more rigidly erect than would be naturally expected of a man at his age. During an attack the muscles of the neck, back, and chest undergo irregular spasmodic contractions, causing shrugging of shoulders, twitching of arms, and well-marked jerking of head, which is thrown in the backward direction. The face, also, is thrown into movement, and exhibits characteristic choreic grimaces with rolling of eyeballs. As the attack proceeds the diaphragm becomes similarly affected, causing great difficulty in breathing. Inspirations are jerky and irregular. The accompanying dyspnœa is always a most prominent and distressing symptom. During the attack great pain is felt in the back of the head and neck. Each exacerbation lasts from one to four hours. During the intervals he feels quite well, and has only an occasional involun-

* Read, March 13, 1889, before County Medical Society.

tary twitch. Insomnia is very great, and night follows night before he procures refreshing sleep. The intervals of quiet vary considerably in length; one, two, three, or more days may intervene between these attacks. His appetite is fair, and his digestive functions are performed with apparent vigor and regularity. The action of the heart is constantly rapid, the pulse-rate ranging from 110 to 120 per minute, but there are no evidences of organic valvular disease detectable. Neither are there any characteristic subjective nor objective symptoms present pointing to any nervous trouble other than chorea. There is no dementia.

"When admitted he was placed on a mixture of quinia, iron, and strychnia; also was given ten grains of bromide of potassium every three hours. This treatment was continued for three weeks without benefit. The bromide of potassium has been mentioned by Charcot as being of service in this disease. Arsenic, which was administered both by the gastro-intestinal route and hypodermatically, proved valueless, as did also antifebrin given in doses of gr. iv every three hours. During the attacks hypodermatic injections of morphiæ afforded relief, causing sleep. The hydrobromate of hyoscin, a remedy recommended by Dr. S. Weir Mitchell, seemed to have a beneficial effect when first used, though soon lost its virtue."

But though treatment was apparently of no avail in this case, Charcot's view that chorea in the aged is incurable is not supported by all the facts, since Dr. Russell relates a case that recovered at the expiration of three months from the use of sulphate of zinc.

Dr. Sinkler has reported two cases, one of which recovered in four months. Still another case, first seen by Dr. Saundby when the patient was fifty years of age, suffering from left-sided chorea of an intermittent form, again fell under his observation when sixty-six years old, and at this time was almost cured.

Is senile chorea due to emotional causes? The emotional theory was advocated by Charcot in his famous lecture bearing the caption, "Chorea in Old People."* But, as pointed out by Saundby, this view must, in the light of facts more recently observed, be abandoned. The two cases reported by Charcot (loc. cit.) were demented; also a case reported by E. J. Devis,* and still another by M. Bacon, in which instance the patient had chronic mania.† Thus, in a total of thirteen recorded cases, in all of which the mental condition was noted, four were demented—less than one-third.

Dr. Saundby saw three patients suffering from this disease, all of whom had advanced degeneration of the arteries. This observer believes "that it will be found that the pathology of this disease is some actual structural change, such as small hemorrhages in the corpus striatum, and that it is not merely a functional derangement." In my own case there were present evidences of commencing atheroma. Of all the collectable cases only four showed this condition—too small a proportion to base thereon positive conclusions.

The influence of sex may be shown to be considerable, since in eleven of the thirteen cases reported the sex has been noted, and of these eight were males, three females. This would appear to be an exact reversal of the influence of sex in chorea occurring among children, for in the latter, according to the statistics of Dr. Wharton, Sinkler,‡ and others, the ratio is about three to one in favor of the girls.

Of the thirteen cases only three were associated with heart disease—a fact showing but a feeble, if any, connection between senile chorea and cardiac affections. Not more than two of the total number gave a history of previous rheumatism. A final point to be made is that any theory as to the pathology of chorea in the aged, based upon the meagre data at present obtainable, must be purely speculative.

1529 North Eighth Street, Philadelphia.

* Medical Times and Gazette, 1873, vol. i, p. 245.

* "Case of Chorea in the Aged," Med. Times and Gazette, vol. ii, p. 447.

† Quoted by Saundby.

‡ Pepper's System of Medicine, vol. v, p. 441.

The Last the Worst.—Dullard—"So old man Richly is dead at last." Brightly—"I wonder he lived so long, with all the doctors. Why, Dr. Scalpel had a hack at him, Dr. Piller had a hack at him, and a dozen others." "And now the undertaker has him." "Yes, by gum! and he's the worst. He got seven hacks and a hearse at him."—*Lowell Citizen.*

"Druggists' clerks taught by an old and experienced barkeeper" is a sign now seen in New York.

What a difference it makes whether you put "Dr." before or after a name!"—*San Francisco Wasp.*

ABSTRACTS.

ON TOPICAL REMEDIES FOR DISORDERS OF THE ANUS AND RECTUM.

By JOHN WARD COUSINS, M.D. Lond., F.R.C.S.,
Senior Surgeon to the Royal Portsmouth Hospital, and to the Portsmouth and South Hants Eye and Ear Infirmary, England.

DURING the act of defecation in the healthy condition of the bowel, the blood-vessels around the orifice are distended, and slight protrusion of the mucous membrane takes place, and, whenever the muscular tension and vascular turgescence of the part are habitually prolonged and severe, the very conditions are present which promote the development of hæmorrhoidal troubles. In cases of ordinary constipation, and prior to the expulsion of hardened accumulations, some softening or lubricating agent may with great advantage be introduced into the rectum, and for this purpose I strongly recommend a smooth and creamy mixture of boracic ointment, glycerine, and lanoline.

In relaxed conditions of the anus and rectum, with a tendency to prolapse, prolonged efforts during evacuation distend the dilated vessels, aggravate the varicose state of the anus, and increase the local distress. Straining at stool must at all times be carefully avoided. It is a good plan to get a regular action of the bowels just before going to bed, instead of early in the morning, for then, during the repose of the night, the intumescence of the organs has time to subside. Immediately after an evacuation the anus should always be washed, and the well-soaped hand is the best instrument for the purpose. Habitual cleanliness is one of the most effective ways of preventing hæmorrhoidal disorders. The irritating secretions and mucus from the orifice of the gut are removed, and friction tends to brace up the part and empty the distended vessels. There is no region of the body which really requires so much sanitary attention, but, even in these days of hygienic enthusiasm, it is too often the last to be cleansed.

The affection commonly styled "piles" is in many cases, nothing more than soreness and irritation of the anus, produced by daily neglect and local impurity. When the surrounding skin is healthy any ordinary soap may be selected for washing purposes. Sometimes the folds of skin around the orifice are swollen and irritable, and often external hæmorrhoids cause a great deal of irritation. In persons of a full habit a local erythema is very common, extending over the nates. The skin is red and moist, and by friction it becomes tender and excoriated. The disorder is generally easily cured by careful attention to the part every evacuation. I have used with great success well-washed soft soap made into a smooth compound with the alcoholic solution of coal tar, or the oil of cade or eucalyptus globulus. After the lavement the part must be carefully dried with a soft towel, and dusted with a fine powder composed of carbonate of bismuth, oxide of zinc, and starch.

In cases of chronic gout, and in other constitutional derangements, an obstinate form of eczema attacks the anus and genital organs, and the tormenting itching which attends the disease causes persistent scratching and excoriations. Sometimes the skin becomes infiltrated and fissured in the direction of the normal radiating folds. This disorder cannot, of course, be treated apart from the constitutional condion with which it is associated; but the daily use of the soap I have mentioned is often followed by remarkable benefit. The drying powder may then be applied over the part, or a little of the boracic ointment gently rubbed in.

The local treatment of prolapsus ani and hæmorrhoidal disorders is a matter of daily importance. In acute inflammatory affections of the anus, rest in bed should be maintained, and the patient will be much relieved by sitting two or three times a day in a hot carbolized bath.

In all cases requiring washing and irrigation, I recommend the use of a very convenient contrivance. It consists of a metal pan with a deep well in the bottom, and it is supported on short legs. The patient sits on the side of this well, so that the anus and genital organs can be completely bathed. It is especially serviceable in inflammatory disorders of the bowel, and after operations for hæmorrhoids and fistula. It is fitted with inlet and outlet pipes for continuous irrigation—a mode of treatment I adopt after all rectal and perineal operations at the Royal Portsmouth Hospital, and I hope to describe its utility in these cases on a future occasion.

Whenever internal piles come down during

defecation, they must always be carefully washed and returned. In prolapsus ani the protrusion should also be carefully pushed back directly after the stool has escaped. Many of my patients, laboring under aggravated troubles of this sort, have experienced much relief by using for a few weeks a bed-pan in the horizontal position. At all times the inconveniences attending the act of defecation may be alleviated by introducing into the bowel a lubricating agent to prevent undue straining, and to facilitate the escape of the motion, and for this purpose the antiseptic compound I have mentioned is admirably adapted. The anus should then be carefully washed, and a little stimulating ointment put into the bowel to check excessive secretion, and to rouse the mucous follicles to more healthy activity. I often employ a remedy containing a little oxide or subchloride of mercury and a few grains of iodoform. If pruritus ani is troublesome, cocaine may also be added with much advantage.

Hemorrhage is often a very prominent symptom in many of the common disorders of the rectum. The quantity of the discharge varies a great deal in different cases. At all times the amount of blood lost at each evacuation must be carefully ascertained. Sometimes the fæces are only smeared with spots and streaks of blood, while at other times the loss is very considerable and alarming.

Whenever free bleeding has suddenly occurred, or the drain has continued for a long period unchecked, the case is not one for mere palliative treatment, but ought to pass without delay into the hands of the surgeon.

In many cases, however, of moderate severity, the daily use of local remedies will be followed by great benefit. The same diligent attention to cleanliness after an evacuation must be practiced, and then an ointment containing the persulphate of iron should be carefully applied to the diseased surface. The fluid extract of witch-hazel is also a very efficacious remedy. When a very powerful hæmostatic is required, the persulphate may be added to the hazeline with great advantage. I generally order two drachms of this solution, diluted with a little water, to be used regularly for two or three weeks. For all cases of hemorrhage, rest in the horizontal position after defecation is extremely desirable, as it tends to relieve the local congestion, and to promote the astringent action of the remedy.

One word respecting the value of anodyne applications. The distressing pain which attends the evacuation of the bowels in some diseases, and continues for hours after, often demands local palliative treatment. Many cases of pain and spasm of the orifice are greatly relieved by the topical use of cocaine; but, after many trials, I found a combination of morphine and cocaine more generally useful. The application of this compound sedative often acts like a charm, and quickly gives relief. The suffering caused by fissure of the anus and ulceration within the sphincter is rendered bearable by this remedy, and in recent cases I have sometimes found its use, combined with digital dilatation, rapidly followed by permanent cure, without any other surgical interference. It is invaluable in the treatment of stricture of the rectum, and it should be introduced into the bowel ten minutes before the use of the dilator. In chronic ulceration and malignant disease it can be freely employed as a palliative remedy; and, in fact, in all cases in which pain and hyperæsthesia are prominent symptoms.—*Provincial Medical Journal*, Halifax, England.

DIAGNOSIS OF DISEASES OF THE TEETH.

MR. HUTCHINSON said, with reference to the malady known as Rigg's disease, or pyorrhœic alveolaris, which is characterized by suppuration about the roots of the teeth, these themselves showing no caries, that it was first brought under his notice by an American patient who presented these symptoms, and he learnt from her that this disease was common in the United States, and there known under the name of Rigg's disease, from the dentist who first accurately described and treated it. His interest was aroused as to whether it was a constitutional or local disease. It appeared to him analogous to sycosis in which the hair falls, not simply from arrest of nutrition, but from the inflammation of the hair-follicles affecting the beard, hairy scalp, eyelashes, and in some rare instances the nails—sycosis ungualis—all the toes and fingers being perhaps attacked. Is this sycosis constitutional? Sometimes it is, but much more often not. Pathologically, tinea tarsi is a contagious inflammation spreading from hair to hair, that contagion being conveyed by the pus secreted in the hair-

follicle. His experience of Rigg's disease is that it occurs in patients having the best of health, just as in many cases of sycosis; sometimes there was slight constitutional disturbance, which might act as a predisposing cause. Just as in tinea tarsi the local treatment was more efficacious than the constitutional, so with Rigg's disease; but in the latter case it is not desirable to pull out the teeth, as is done with the eyelashes, in order that the lunar caustic or other drug may more readily reach the seat of inflammation, since teeth do not grow again, though the treatment must be in the same direction—namely, to dry up the secretion of the contagious pus.

Materials Used for Stopping Teeth.—Without for a moment disparaging the value of amalgams as a stopping material, Mr. Hutchinson believed that in some rare instances they were the cause of intractable and irritable sores upon the lips, gums, and cheeks. He spoke simply as an observer, not knowing the chemical composition of these stoppings, many of which he was told were secret preparations; but he had certainly seen ulcers which refused to yield to treatment disappear after the removal of discolored amalgams. He had always been careful to eliminate the probability of roughness of the stopped tooth being the cause, and had never seen ulcers where gold fillings had been employed. He quoted a case of an American physician who presented a number of ulcers which several surgeons had pronounced syphilitic; the patient, however, stoutly maintained that he had never had syphilis or a symptom of it, and all his children were perfectly healthy. Mr. Hutchinson, finding that he had several amalgam fillings, which had been inserted some years before in America, ordered their removal, which being done, the ulcers rapidly disappeared.

Syphilitic Teeth.—Mr. Hutchinson said he had little new to say on this subject. The notched incisors were now generally admitted as evidence of hereditary syphilis. The upper centrals are the *test* teeth, and in no single instance had they misled the lecturer; but the markings on the other teeth might be misleading, as they were often caused by the mercury given as a remedy for the syphilis, and were not due to the syphilis itself. In the great majority of cases of hereditary syphilis the markings on the central incisors are present, but not always so. Of several members of the same family one or two might have the characteristic teeth, while the others escaped. He wished to draw attention to two points of clinical observation: (1) In all cases where interstitial keratitis occurs there are found malformed teeth, and those who have the *test* teeth characteristically marked have suffered from interstitial keratitis; (2) children who show signs of hereditary syphilis in the shape of phagedænic affections of the throat have no peculiarity of the teeth, and do not have interstitial keratitis.

Stomatitis, or Mercurial Teeth.—Notwithstanding that his views were not generally accepted, Mr. Hutchinson believed that stomatitis due to the exhibition of mercury did give rise to inflammation of the tooth-follicle, and that it was by far the most common cause of defects of the enamel. The first permanent molar should be compared with the temporary molars; the cusps of the former will have a spinous character and the tooth be discolored, whereas the temporary molar will have normal rounded cusps. The incisors and canines of the permanent set might be marked with transverse grooves. In cases where mercurial teeth were present, it was important to be on one's guard when prescribing mercury, as those patients had often the idiosyncrasy of being easily salivated, and he quoted a case in support of this view. In lamellar cataract, associated with malformed teeth, Mr. Hutchinson thought the latter was due to the use of mercury.

With reference to the correlation between the teeth and other structures—for instance, the skin and eye,—Mr. Hutchinson referred to a case reported by Mr. Moon, where there were rat-like teeth associated with micro-ophthalmos and deficiency of hair, and to a case of his own reported in the Medical and Chirurgical Society's Transactions, of a child with absolute absence of hair, and the mammary glands represented only by a scar, but with no peculiarity of teeth or eyes. A hairless puppy also showed no deficiency in milk-teeth. Mr. Hutchinson remarked that much valuable information might be gained upon this subject, if, in cases of deficiency of teeth, dentists would inquire into the state of the eyes and skin, and if surgeons, where micro-ophthalmos is present, would examine the teeth as to their character and number. It was an interesting question whether it was possible to infer from the teeth something about other tissues; and in the case

of loss of teeth it was not sufficient to note that fact, but to inquire how they were lost. The tendency to accumulate tartar did not altogether depend upon the deficient use of the tooth-brush, but was more often due to the excessive secretion of saliva, and was often associated with gout. Abnormalities of the milk-teeth were produced during uterine life, and thus escaped manifestations of hereditary syphilis. The term "rickety teeth" had no definite meaning. Gouty teeth had no peculiarity, but in old medical books gouty persons were described as having the habit of grinding their teeth, and this was looked upon as indicating a gouty diathesis; hence wearing down of the teeth was often ascribed to gout.—*Lond. Lancet.*

PHENACETIN.

By JAMES G. KIERNAN, M.D.,
DUNNING, ILL.

PHENACETIN, while it is quite as powerful as methozin and acetanilid, does not cause the pain in the stomach, nor the scarlatinaform rash of the former; nor does it give rise to the cyanosis of the latter. However prolonged may be its administration, and Dujardin-Beaumetz has given it for months in doses of one to two grains per diem, there have never been observed bad effects. He has used it in every form of pain (neuralgiæ, migraine, rheumatic pains, muscular rheumatism, acute articular rheumatism, the lightning pains of tabes, etc.) with the best results. Further, in cases of hysteria, and of hysterical or neuratoxic pains, phenacetin has seemed to produce better effects than bromide. It calms the excitability of the nervous system, and in some obstinate cases of nervous insomnia it procured sleep. Phenacetin seems not only an analgesic but a hypnotic.

I have tried phenacetin (para-acet-phenetidin) in ten cases of migraine. Of these, three were epileptiform, arising from coarse brain disease (tumors, cerebral abscesses, etc.). Here the drug, given in five-grain doses four times daily, had excellent effects as regards the pain. The migraine was, however, replaced by fits of temper (the patients were children).

In the other cases there were temporarily beneficial effects. In two of these cases (the patients had a neurotic ancestry) a scarlatinaform rash made its appearance twice on the use of five-grain doses. It desquamated rapidly, and was noticed only after the first two doses. In trifacial neuralgia phenacetin was often of value, when supplemented by constitutional treatment, where diathetic conditions were present. Constitutional treatment without the phenacetin did not give good results.

In a few cases of insomnia, resulting from simple exhaustion, phenacetin in ten-grain doses proved to be a valuable hypnotic. It failed in the excited states of mania and melancholia. In a few cases of agitated dementia there was a temporary beneficial hypnotic effect. The fulgurant pains of locomotor ataxia were temporarily relieved. In two cases of fever cyanosis and excessive sweating were observed to result from five-grain doses.

In my judgment the scarlatinaform rash, cyanosis and excessive sweating must result in predisposed cases from any hypnotic or antipyretic which exercises its action through the nervous system. To be efficient drugs must exercise powerful action on certain centres, and in defective nervous systems these drugs must produce effects which take the line of the least resistance.

TREATMENT OF INGROWING TOE-NAIL.

By J. SCOTT BATTAMS,
Resident Medical Officer, East London Hospital for Children.

INGROWING toe-nail is, no doubt, most rapidly and effectually cured by avulsion of the nail. The operation demands general or local anæsthesia, and is not lightly undertaken in private practice. I venture to suggest a plan of treatment which is rational though not rapid, free from risk, and almost painless. In my hands the results have been excellent, and the cure, so far as I have been able to ascertain, permanent.

Removal of the offending nail, entirely or in part, from the raw flesh or tender granulations is the essence of the radical, and the chief aim in all treatment. In the following method of treatment the aim is rather to remove the granulations from the nail.

Supposing the patient's left great toe is affected, and on its inner side. I first wash and dry the parts, and then thoroughly rub the granulations with solid nitrate of silver. Since the introduction of cocaine this proceeding can be rendered practically painless. I next cut small pieces of fine Turkey sponge, and press them well down between the nail and the

granulations, inserting a small piece beneath the inner free edge of the nail. Pressing this sponge pad downward and inward I fix it in place by winding a long, narrow strip of plaster round and round the toe, commencing from the outer side, my aim being to compress the granulations and draw them as far as possible from the nail. Turkey sponge is by far the best material for this purpose, being soft, absorbent, and elastic. A soft, easy shoe should now be worn, and patients can pursue their ordinary avocations without risk. Some aching pain often follows, but this is soon succeeded by a considerable feeling of relief.

The dressing should be removed and the process repeated in two days' time. A sulcus will then have formed between the flesh and the nail, and, on removing the crust formed by the nitrate of silver, a healthy ulcer will be found to have replaced the exuberant granulations.

On the fourth or fifth day, after well-soaking the toe, I apply cocaine, and endeavor to insert a small piece of sponge beneath the edge of the nail, which is now more fully exposed, or a piece can be removed with fine scissors. A mixture of iodoform and alum is now dusted in, and the sponge compress applied as before. In a week or ten days' time the process is repeated, especially if the ulcer is not healed. After a similar interval, the raw, tender surface will be found to be hard and painless. It is well to continue treatment a little longer, for it is painless, and the dressing can be worn for two or three weeks.

In 1880, when house-surgeon at the Tiverton Infirmary, I treated five patients in this way, two of them being bakers' assistants. The relief in each case was immediate, and the cure complete, and no relapse had taken place at the end of six months. My recent experience has been limited to three cases. One patient was passed on to me by Mr. Parker. She was a poor, hard-working woman, and both toes had been affected for two years. She had been treated at various times but without success, and she complained bitterly of the pain and inconvenience. The above method of treatment was carried out during a period of five weeks, when she was discharged cured. I saw her six months afterward, and no relapse had taken place. During treatment she continued her household duties with comfort.—*British Medical Journal.*

THERAPEUTIC NOTES.

SOME LATE FORMULAS.

Salol for Burns.

The parts are to be carefully washed, and all the blisters picked and emptied, when the following is to be applied on small pieces of linen :—

℞ Lanoline, . . . 100 grammes.
Salol, . . . 3 "
M. ft. pomade.

Renew the application two or three times a day.

For Ozæna.

The nasal injections of warm sulphur-water and the following solution :—

℞ Creoline, . . . 1 gramme.
Pure alcohol, . . 120 grammes.

M. Sig.: Put a teaspoonful of this into a quart of warm water, and use with nasal douche, one half at a time only. In regard to nasal douches, it is now thought best not to inject more than a pint at a sitting, and to instruct the patient to keep the head erect, and in blowing the nose only to blow out one side at a time, keeping the other closed ; this prevents strain on the vessels and resulting hemorrhage.

Gray Oil for Hypodermic Injection in Syphilis.

This method of using mercurial treatment is rapidly increasing in favor, but it takes a long trituration to prepare the oil, and M. Vigier gives the following rapid method of preparation :—

℞ Mercury, . . . 19.50 grammes.
Mercurial ointment, . 1.00 gramme.
Vaseline, . . . 2.50 grammes.

Mix and put these into a mortar (in which first burn a little alcohol) ; beat them all together quickly for fifteen minutes, and then add vaseline, seven grammes, and oil of vaseline, twenty grammes, which give a total of fifty grammes, or 40 per cent. of mercury.

Sig.: Use per hypodermic injection.—DR. THOMAS LINN, in *Philadelphia Medical Times.*

POWDER FOR OZÆNA (COZZOLINO).

℞ Salol, ... 5.00 grammes.
Boracic acid, . . . 2.00 "
Salicylic acid, . . 0.50 centigr.
Thymol, . . . 0.20 "
Powdered talc, . . 10.00 grammes.

M. Sig.: Snuff frequently.—*Journal de Médecine.*

LOCAL TREATMENT OF ACUTE CATARRH, OR COLD, OF THE UPPER RESPIRATORY TRACT.

Local treatment, says Dr. J. G. Carpenter, of Stanford, Ky., in the Journal of the American Medical Association, April 20th, has three objects in view, viz., first, non-irritation; second, thorough cleansing of the diseased surface with sufficient force to remove the morbid secretion; third, medication of diseased tissue without irritating or treating healthy tissue.

(In treating locally acute naso pharyngeal catarrh, the old adage, "*ubi irritatio, ibi fluxus*," must be kept in mind by both patient and physician.)

Treatment of the first stage should be as follows, viz., spraying the nasal chambers, or these and the throat, with a 2, 4, or 6 per cent. solution of muriate of cocaine, gtts. 10 to 30, one to three times a day, at intervals of eight hours, or absorbent cotton saturated with it and inserted into the nares and repeated every ten to thirty minutes until the desired effect is produced. Or a 2, 4, or 6 per cent. mixture of cocaine can be made with vaseline and sprayed, after being warmed and melted, into the upper respiratory passages. Cocaine is an anæsthetic, anodyne, astringent, and antiphlogistic. Vaseline is a mild, soothing astringent, antiphlogistic, and aseptic, moistens the mucous lining in the first stage of acute inflammation, and protects it against further injury. In this stage the mucous secretion is almost, if not entirely, arrested for the time. Bosworth states there is poured out on the nasal mucous membrane in health from twelve to sixteen ounces daily of serum. This normal secretion is not perceived in health, being rapidly vaporized by the two and fro current of respired air. Doubtless there is equally as much secretion from the pharynx, larynx, and trachea in health. When these organs are inflamed, in the first stage of acute catarrh, this secretion is arrested, and vaseline supplies its place and is either absorbed or oxidized; anyhow it is non-irritant, soothing, and protective. Liquid applications to an acutely inflamed mucous membrane causes it to absorb moisture and the disease becomes aggravated, cocaine used locally will check a cold in from one to three days, and relieves hyperæsthesia, pain, and reflex irritability at once. All local applications should be made with vaseline for the base, melted and liquefied, and sprayed while warm. Equal parts of vaseline and glycerine are very effectual in the first stage of catarrhal inflammation.

Very often acute naso-pharyngeal catarrh is attended with a catarrhal laryngitis, or laryngo-trachitis, and of all means that have been invented for making local applications to the air-passages, Rumbold's spray-producers, Nos. 1 to 5, inclusive, for the naso-pharyngeal chambers, and 6 to 8 inclusive, for the larynx, are the best, excepting, only, Dr. A. De Vilbis', of Toledo, Ohio. His spray-producer, by turning a point, can throw the spray in the same number of directions as the Rumbold instruments. With these spray-producers the medicine can be applied warm, the temperature of the respired air, and directly to the diseased surface, healthy tissue being avoided. Not more than seven to ten pounds of compressed air should be used to make the spray; more than this will cause irritation and pain. A rhino-laryngoscopic examination should be made before each treatment, to ascertain what part of the respiratory tract requires the most treatment, so that the surface least affected will receive the least treatment, and *vice versa*. Every physician should be able to make a rhino-laryngoscopic examination, and know by inspection the pathological states of diseases affecting the upper air-passages. On entering the practice of medicine the young physician should get a laryngoscopic "outfit," and familiarize himself with it, as it will be more frequently resorted to than any other instrument in his office. Rumbold's tongue-depressor is the best, as it enables the patient to hold down his tongue and gives the operator the use of both hands.

In the second and third stages of acute catarrh the following medicaments are the best:—

℞ Vaseline, ... ℥j.
Olei eucalypti, . . . gtts. iij.
Acidi carbol., . . . gr. ss–iij.

M. ft. mass.
Sig.: Melt and spray one to two drachms.

℞ Vaseline, ... ℥ij.
Pino Canadensis (Kennedy's), ... ℥¼–ss.
Olei eucalypti, . . . gtts. ii–v.

M. ft. mass.
Sig.: Melt and spray one-half to two drachms.

℞ Vaseline, . . . ℥ij.
Glycerine, ... ℥ss.
Acidi carbol., . . . gr. ss–ij.
M. ft. mass.
Sig.: Dose one-half to two drachms.

℞ Vaseline, ... ℥j.
Iodol, ... gr. v–x.
M. ft. mass.
Sig.: Dose one-half drachm to two ounces, melted and sprayed warm.

The indications in the second stage are to check morbid secretion, render the parts aseptic, allay irritation, and absorb the inflammatory products. The treatment of the third stage is a continuation of the second, but since there is a muco-purulent or a purulent secretion, and abrasions from exfoliation of the epithelium exist, it behooves the physician to use locally aseptic and antiseptic measures which have protective and rapidly-healing virtues. Mild solutions of nitrate of silver, gr. ij–gr. v, aquæ ℥j; dose one-half to two drachms; or weak solutions of bichloride of mercury, 1:5000, or 1:10,000, or tincture of iodine ℥ij, glycerine ℥ij–℥iij, or listerine 1 part, water 4–8 parts, glycerine 1–3 parts, should be warmed and sprayed to cleanse and medicate the catarrhal inflammation, followed by a vaseline spray. Insufflations of bismuth subnitrate or powdered yellow root gr. x–℥ss, combined with powdered lycopodium ℥ss, after vaseline is sprayed, assists in the protection of any erosion and hastens resolution.

ESCHSCHOLTZIA CALIFORNICA.

This is a very valuable and harmless soporific. It is an exceedingly useful analgesic in some cases, not presenting the inconveniences of morphine. Its administration is easy. The effect of the drug lasts a long time after its employment. In view of the very minute quantity of morphine which *eschscholtzia californica* contains, this plant could advantageously replace morphine, especially in children. The dose is from two grains fifty to ten grammes a day, and it may be administered in potion, syrup, or pill. We offer the following formulæ:—

℞ Alcoholic ext. of eschscholtzia, . . 2.50–10 gr.
Rum, . . . 30.00
Syrup, . . . 30.00

℞ Aqueous ext. of eschscholtzia, . . 3.00–12 gr.
Pectoral infusion, . 100.00
Gum arabic syrup, . 40.00

℞ Aqueous syr. of eschscholtzia, . . 250.00
Syrup of sugar, . . 2000.00
Dose: One to four teaspoonfuls a day.—*Bulletin Med.*

MENTHOL IN PRURITIC AFFECTIONS.

Menthol is recommended by Saalfeld (Deutsche Med. Wochenschrift, No. 46, 1888), as exceedingly beneficial in cases of pruritus of various kinds. He prescribes it either as a wash, or as a salve, the formulæ being—

℞ Menthol, . . . 1.5–2.5 grm.
Spirit vin. rectif. . 50.0 "

and

℞ Menthol, . . . 2.5 "
Ol. olivarum, . . 7.5–10 "
Lanolin., . . ad 50.0 "

Both preparations have done him excellent service in urticaria, pruritus cutaneous, and pruritus senilis.

A case of intolerable itching consecutive to otherwise successfully treated scabies was perfectly cured by applications of the following ointment:—

℞ Menthol, . . . 2.5 grm.
Bals. Peruv., . . 5.0 "
Ungt. Wilson (Ung. Zn. benz.),
Lanolin. pur., āā ad 50.0 "
M. ft. ungt.

Menthol as a 10 to 15 per cent. ointment proved likewise very valuable in chronic eczema, even in quite inveterate cases.

SUPPOSITORIES FOR CYSTITIS.

℞ Iodoform, . . . gr. 1¾.
Ext. of hyoscyamus, . gr. j.
Cocoa-butter, . . . gr. xlv.
Mix and make one suppository and introduce high up into the rectum.

The bladder should be washed morning and evening with lukewarm water. If there be any urethral irritation, a pill containing one and three-fourths grains of terpin should also be taken morning and evening.—*Jour. of Amer. Med. Association*, March 16th.

PHOSPHORATED COD-LIVER OIL (KASSOVITZE).

℞ Cod-liver oil, . . . 1 litre.
Phosphorus, . . . 10 centigr.
M. Sig.: Teaspoonful a day for children one year of age, two for children a year to a year and a half old, four teaspoonfuls for children over two years of age.—*Journal de Médecine.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
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Philadelphia, June, 1889.

THE INFLUENCE OF DRESS UPON THE HEALTH OF WOMEN.

THE love of the fair sex for artistic personal display in matters of dress, joined with an equally characteristic fondness for novelty and change, has led to a series of notable mutations in manners of costume. It is a not unprofitable occupation for a leisure hour to observe, in a series of plates, the changes which the style of female dress has undergone in modern times. Sometimes of startling abruptness, and again gliding almost insensibly from one mode to another, these modifications impress us with the idea that fashion, like history, repeats itself. The farthingale of the sixteenth century, after a long period of disuse, was revived in the hoop of the eighteenth, and this again, after an intervening period, in the crinoline of the nineteenth. Many of these modes have appeared, to the male mind, ugly, inconvenient, or positively unhealthy, but, as long as they prevail in the fashionable world, the ladies tranquilly pursue their course, sustained by the proud consciousness of being clad in the approved style. The spectator pointed his shafts of humor against the monstrous hoops which came into vogue early in the eighteenth century, and physicians have inveighed, with wonderfully little result, against the use of the corset. The female mind clings to certain ideas with peculiar tenacity. A wasp-like waist having been adopted as the model of a beautiful form, no consideration of comfort or health avails to prevent the youthful belle from forcibly drawing in her lower ribs in order to attain the desired shape. The most cursory attention to the matter would convince one that so forcible an attack upon nature could not be made with impunity. Accordingly, the contracted ribs, the compressed abdomen, the distored liver, the weighted womb, have become classical allusions in the medical lecture room. Great alteration in the shape and position of important organs leads to corresponding modification of their circulation and innervation, to impairment of nutrition, to grave—perhaps even incurable—pathological lesions.

This subject, plain enough in its outlines, has lately been admirably illustrated in a series of experimental researches by Dr. J. H. Kellogg, of Battle Creek, Michigan, whose results were communicated to the last year's meeting of the Michigan State Medical Society, and have recently reached us in the form of a reprint extracted from the transactions of that body. Dr. Kellogg has succeeded in throwing new light upon the respiratory movements. It has long been taught that the type of respiration in woman is thoracic, while in man it is abdominal. The author, however, adduces very good reasons for believing that, so far from being a physiological difference between the sexes, it is really brought about by the malign influence of the corset. He has made a great number of examinations, obtaining, by means of the pneumograph and kymographion, representations of the modes of breathing. His first observations were upon twenty Chinese women in San Francisco. These varied in age from sixteen to thirty years. Each wore a loose frock or chemise and a very short bodice reaching to just below the breasts, with the object only of supporting the breast and not compressing the waist in the slightest degree. Besides these garments each woman wore a pair of loose trousers and a very roomy jacket, which an American woman would consider large enough for three or four persons. None had ever worn a corset. The general mode of life of the average Chinese woman in San Francisco is by no means healthful, but a careful examination of these women showed that not one presented the costal type of respiration. In every one, abdominal breathing was as prominent as in males who lead sedentary lives. But little difference is to be found between the pneumographic tracings of these women and those of men of active habits, as pedestrians and runners, in whom abdominal breathing is most characteristic. The graphic

tracing of an unmarried American woman aged twenty-two years, addicted to tight lacing for eight years, is just the reverse, costal breathing being represented by a series of curves, while an almost straight line indicates the comparative quiescence of diaphragm and abdominal muscles.

The next investigations were made among the Yuma Indians, of Arizona. These people live in mud huts. The women wear simply "a short bark apron in front, and a bunch of bark strings, somewhat resembling a bustle, behind, both suspended by a bark cord encircling the body just above the waist. With this sort of dress the movements of the Yuma woman cannot be in the slightest degree restricted. She has as perfect liberty of motion in her arms, legs, and trunk as her savage lord, whose apparel is a little more scanty." They lead a hardy, active, out-of-door life, and subsist upon a scanty vegetable diet. Both sexes, however, are of vigorous physique. The waist measure of the Yuma women was only from one and a half to two inches less than that of the chest. Among those whose respiration was examined were a grandmother, a daughter, and a granddaughter, aged respectively about sixty, thirty-seven, and sixteen years. The tracings of the three were identical, all having strong abdominal curves, showing the male type of respiration. Subsequent examinations of Chickasaw and Chippeway women yielded precisely the same results. Again, abdominal respiration was found in a Scotch woman, forty-five years of age, unmarried, who had never worn a corset. A modified tracing, with well-marked abdominal curve, and a moderate thoracic curve was obtained in a woman, aged thirty years, who had worn tight corsets until her twenty-fourth year, but who, on account of pelvic disorders, had, from that time, discarded them with the most beneficial results. When a man was tightly laced in a corset the breathing became of almost as pure a costal type as in a corset-wearing female. Among the lower animals, as dogs and cows, respiration is of the same type in both sexes. Even in a pregnant woman, one week before confinement, a primipara, who had previously worn tight corsets for ten or twelve years, but who had laid them aside for several months, the abdominal respiratory curve was well marked, while the thoracic curve was very slight. As the same abdominal tracing was found in a man suffering from leucocythæmia, with an enormously enlarged spleen, the author concludes that costal respiration is due to an unphysiological mode of dress, and not to the influence of gestation.

Inquiries were next directed to the effect of respiration upon the organs of the pelvis. They were carried on by means of an air pessary connected with a tambour, such as is used in connection with a pneumograph, the movements being recorded upon the revolving cylinder. The result demonstrated that the uterus is less mobile when a corset is worn, since the displacement of the larger viscera interferes with the descent of the diaphragm.

In order to express numerically an approximate idea of the comparative amount of pressure upon the pelvic organs, Dr. Kellogg devised an instrument which he terms a universal mercurial dynamometer, in which the pressure necessary to raise a column of mercury can be recorded upon a graduated scale. In the ordinary respiration of a young woman, twenty years of age, the column was raised from .01 to .05 of an inch. In forcible respiration it was raised from .35 to 1.7 inch. Laughing or coughing raised it from 1 to 4.1 inches. On tightening the corset the column was raised .5 of an inch; in forced respiration from .2 to .5. By means of another instrument, so constructed as to magnify the movements of the uterus in a perpendicular direction, it was ascertained that by the application of a corset the womb is depressed from .2 to .5 of an inch.

These interesting demonstrations exemplify the extent to which women compromise health by the practice of tight lacing.

SYMPTOMATIC TREATMENT.

DISEASE announces its presence by perturbation of function. This disturbance varies according as the disease is local or constitutional. It varies also according to the nature and importance of the tissue attacked, the severity of the disorder, and according to the individual attacked. The same statements are essentially true when we consider the effects

of injury. One of the first duties of a physician is to relieve the urgent symptom or collection of symptoms. This is especially true of acute cases. Patients suffering with chronic troubles do not consult us with the expectation of immediate help. Their symptoms claim attention, not because of their severity but their persistency. Their own reflections have led these persons to perceive that some constantly operative cause must be present. But if one suffer intense pain he calls loudly for quick relief; if he be losing blood abundantly from the rupture of an important vessel, the first duty is to secure that vessel and check the loss of vital fluid. If a patient gasp for breath and suffocation seem impending, no time is to be lost in adopting possible modes of relief. If utter prostration, fluttering pulse, and blanched countenance indicate heart failure, to stimulate the faltering organ is the first effort of the physician. If a patient writhe in spasms the doctor will strive, first of all, to quiet the excited action of the muscular and nervous systems. In many cases, the prime need is the treatment of a predominant symptom.

Such alarming effects, however, presuppose an efficient cause. The immediate danger being met, the attendant applies his mind to the discovery of the cause. An emergency, indeed, demands immediate action, but until one has made use of all possible efforts to ascertain what has produced these notable results he sadly fails in his duty to the patient committed to his care.

Such principles habitually direct the practice of every well-educated physician. He does not rest satisfied when told that his patient suffers from pain in the head, but seeks to know whether the symptom is due to incipient or declared disease in the brain or its membranes; to the presence in the circulation of some deleterious substance, be it generated within the system or introduced from without; or to the disorder of other organs, as those of the digestive tract. If a patient vomit the physician aims to discover whether the brain, the stomach itself, the liver, kidney, uterus, or ovary be at fault. The same train of thought is carried on when pain is the prominent symptom, when the patient has been suddenly stricken with syncope or convulsions.

We should apologize to our readers for dwelling upon what is so well known were it not that a considerable body of physicians avowedly direct their remedial measures to the symptoms manifested. This involves a tacit confession that disease exhausts itself, that remedies have no effect in abridging the course of a malady. Now, although we are unfortunately too well aware that some systemic affections cannot as yet be limited in duration by art, while others are of their nature progressive and incurable, yet that others may be shortened or even aborted by judicious therapy our experience leaves us no room to doubt. Therefore our judgment prompts us to attack the cause of disease whenever possible, and only to content ourselves with symptomatic treatment in so far as it is necessary to assuage suffering.

Theoretical speculations have led our homœopathic friends into actual superstition. As we read in their journals from time to time reports of cases and treatment, we recognize with astonishment and sorrow the mental processes of the fourteenth century. Lancinating pain requires one remedy, burning pain another, throbbing pain a third; when due to disease of the pleura one remedy is indicated, another when caused by disease of a joint, etc.

A recent homœopathic writer enumerates an alphabetical list of no less than forty-seven agents which may be used in cases of hæmatemesis: arnica, if the trouble arise from external violence; carb. veg., if the patient be in collapse; cicuta vera, if it occur in an aged person; lachesis, if it result from cancer, etc. Another contributor advises the use of gelsemium in labor, if "no progress is made because the pains run up the back."

Such selections serve as illustrations of what we are warranted in terming frivolous therapeutics. We are sometimes tempted to wonder whether homœopathic physicians imagine that they are able, by some mystic influence, to confer unsuspected power upon the dilutions of inert drugs. We mean, of course, those among them who continue to use dilutions and prescribe according to similimums.

The wonderful collection of symptoms, subjective and objective, is remarkable in the cases reported in homœopathic journals. As

to the subjective sensations, individual constitution and personality will modify indefinitely the effects of nervous disturbance, and it were, indeed, a marvellous example of "pre-arranged harmony," did every varying and variable manifestation require its separate symptomatic remedy.

MEDICAL NEWS AND MISCELLANY.

DR. ELLIOTT CONES is to go to Egypt.

DR. VAN METER, the new Resident Physician at the Presbyterian Hospital has assumed his duties.

IT is not strange that the Viceroy of China is ill. Forty-seven doctors are attending him.—*Inquirer.*

DEATH OF DR. VON LAUER.—Dr. von Lauer, formerly physician to the late Emperor William, is dead.

M. MICHEL-EUGENE CHEVREUL, the distinguished French chemist, who was born in 1786, is dead.

DR. WILLIAM H. HAMMOND will take possession of his new suburban residence near Washington next fall.

DR. JOHN W. ECKFELDT, of Philadelphia, has removed to the southeast corner of Sixty-fifth and Vine Streets.

YELLOW FEVER IN FLORIDA.—Word has just been received that a case of yellow fever has developed at Sanford, Florida.

DR. HERMAN F. MALECH, of San Francisco, has been stopping with relatives in this city before starting to Europe for research and study.

ROOSEVELT HOSPITAL, New York, has been bequeathed three hundred and fifty thousand dollars to build and endow a Surgical Operating Theatre.

DR. O. G. GIVEN DEAD.—Dr. O. G. Given, the physician at the Indian Training School at Carlisle, died on April 26th, from congestion of the brain.

CHARITABLE BEQUESTS.—By the will of the late Mary Ann Bellangee she bequeathes one thousand dollars to the Home for Incurables of Philadelphia.

M. BERTHELOT has been elected, by forty-seven votes out of fifty-three, perpetual Secretary of the French Académie des Sciences, in place of M. Pasteur.

DR. WILLIAM C. WILE, of Danbury, Conn., called upon the editor some days ago, looking well and full of enthusiasm for the meeting of the Association of American Medical Editors.

BRITISH MEDICAL ASSOCIATION.—The annual meeting of the British Medical Association, it is reported, will be postponed until August 13, 14, 15, and 16. The meeting will take place at Leeds.

CHOLERA IN THE PHILIPPINE ISLANDS.—Word has reached San Francisco that the cholera is epidemic in the Philippine Islands, and that out of fifteen hundred cases one thousand have proved fatal.

DR. F. B. MCDOWELL, of the southwest corner of Twenty-first and Berks Streets, was seriously hurt about the head on May 1st, by being thrown out of his carriage by his horse becoming frightened and running away.

PIONEERS OF PROHIBITION.—"Dr. Tanner was not the first man who lived on water for forty days," said Smudge. "No?" queried Fudge. "Of course not." "Who else?" "Well, what's the matter with Noah?"—*Exchange.*

THE WEEKLY MEDICAL REGISTER, of St. Louis, is now edited by Dr. R. L. Thompson and Dr. Brandsford Lewis. The Medical Press and Literary Association have withdrawn some weeks since from the editorial management of the journal.

DR. C. A. BRICE, editor of the Southern Clinic, of Richmond, Va., was in Philadelphia on May 8th, 9th, and 10th. The doctor is one of the progressive journalists of the South, and was much interested in his visit to some of our city hospitals.

TILDEN'S PHYSICIAN.—The claim of Dr. Chas. E. Simmons, of the Board of Charities and Corrections, of New York, against the estate of the late Samuel J. Tilden for medical attendance, is one hundred and forty-three thousand three hundred and fifty dollars.

THE report for the month of April, by Dr. W. W. Moorhead, secretary of the Pennsylvania Eye, Ear, and Throat Infirmary, shows an increase of patients of three hundred and sixty-eight. The total number treated during the month was two thousand eight hundred and eighty-six.

HOSPITAL APPOINTMENTS.—Dr. Gilbert Murray, of Canada, and Dr. John A. Reyburn, recent graduates of the Medico-Chirurgical College, of Philadelphia, have, by reason of their high grade in their class, been appointed Resident Physicians in the Medico-Chirurgical Hospital.

SUICIDE OF A SHIP'S SURGEON.—Dr. Sydney J. Armstrong, aged twenty-seven years, surgeon of the Inman steamer City of Berlin, Jersey City, committed suicide at 4 P.M. on May 5th, by

swallowing a dose of morphine. The officers of the steamer are unable to assign any cause for the act.

DR. A. HEWSON, Jr., is delivering a course of lectures on anatomy to nurses at the Episcopal Hospital, of Philadelphia, every Tuesday and Thursday afternoon. The course embraces lectures on bones, muscles, arteries, and nerves, together with the viscera of the larger cavities of the body.

DR. PARK'S LECTURE.—Prof. Roswell Park, M.D., of Buffalo, delivered the annual address in April, before the Pathological Society of Philadelphia, at the College of Physicians. Dr. Park is Professor of Surgery in the Buffalo Medical College, and one of the leading surgeons of the country.

AN APPROPRIATION OF FIFTY THOUSAND DOLLARS.—The Medico-Chirurgical Hospital, of Philadelphia, has just received from the Pennsylvania Legislature an appropriation of fifty thousand dollars. The liberality of the State will be expended in rebuilding and adding facilities to the hospital.

Druggist.—"What's the matter with you? You seem excited."

Clerk.—"Heavens! I sold Mrs. Smiley strychnine instead of potash."

Druggist.—"Well, if you aren't the most careless idiot I ever saw. You seem to have no idea of the value of strychnine."

DR. F. A. PACKARD has been elected to the Chair of Therapeutics of the Medical Institute of Philadelphia, connected with the University of Pennsylvania. Dr. Packard, who was at one time Resident Physician of the Pennsylvania Hospital, is now connected with the Episcopal Hospital and the University.

AN OLD QUESTION REVIVED.—What is a kiss? is a question which has agitated the world for centuries. The great problem is solved at last. Dr. Henry Gibbons, in a recent lecture at San Francisco, described a kiss as "the anatomical juxtaposition of two orbicularis oris muscles in a state of contraction." There!—*New York World.*

SIGNS OF INEBRIETY.—Young Waiter (at a medical dinner)—"Them doctors use a lot of wine, but I suppose they kin stand it."

Old Waiter—"Dunno about that. I'm thinkin' they're getting pretty tight already."

"They don't look so."

"No, but they're beginning to agree."—*Exchange.*

DR. LUBOMIR SERAPHIMOFF, Doctor of Medicine, from the Paris Medical Faculty; Physician to the Gynæcological Section of the State Hospital, Alexandre; Editor of The Medical Review; Member and late Secretary of the Medical Society of Sophia, is one of the most active writers and practitioners in Bulgaria, who contributes much valuable literature to his profession.

A NEW SCIENCE.—"What is your business, sir?" asked a Cambridge lawyer of a witness.

"I am a practitioner in the new science of preserving the memory."

"But you are dressed as a mechanic and not as a professional man."

"Yes; I'm a gravestone letterer. 'Sacred to the memory,' etc., you know."—*Cambridge Daily.*

THEORY AND PRACTICE.—At home—"My boy," said Mrs. Talkwell, fondly, "always tell the truth. You are nine years of age now, quite old enough to remember that it is very wicked to tell or act a lie."

An hour later on the street-car—"Quick, Tommy, draw up your feet and droop your head. If the conductor thinks you are under six I won't have to pay your fare."

YELLOW FEVER IN FLORIDA.—Surgeon-General Hamilton, of the Marine Hospital Service, Washington, D.C., was informed, on April 23d, by the president of the Board of Health, of Sanford, Fla., that a case of yellow fever existed in that city.

Dr. Hamilton says every precaution has been taken to prevent the spread of the disease, and no danger is apprehended.

DIVIDING THE RESPONSIBILITY.—Doctor—Yes, you have a tremendous fever. Burning thirst, I suppose?

Patient—Yes, terrific.

Doctor—Ah, I'll send you round something to relieve that.

Patient—Never mind about the thirst, Doctor. You look after the fever; I'll attend to the thirst myself.—*London Pick-Me-Up.*

ON Wednesday, December 26th, Prof. Frank G. Ryan, of the Philadelphia College of Pharmacy, was married to Miss Minnie Louise Conway, of Philadelphia. The ceremony was performed at the residence of the bride, 1736 North Sixteenth Street, and was followed by a reception. The affair was a brilliant one, and a large number of friends were present to wish all happiness to the young couple.

HALF GONE WHEN THEY GET THERE.—I was rather amused at the remark of an old inhabitant of Hastings, when I ventured to suggest to him that other health resorts showed a lower death-rate. "That's true," he replied, "but then, you see, our town is so exceptionally healthy that when people have tried every other place they bring their remnants of life here as a last hope, and it is these remnants that ruin our average."—*Lonaon Truth.*

GIFT TO THE WESTERN TEMPORARY HOME.—Dr. Edward H. Williams, of the firm of Burnham, Parry, Williams & Co., of Philadelphia, has given the sum of ten thousand dollars to the Western Temporary Home to establish a separate department for convalescents in the new building to be erected for that institution on Fortieth Street, above Market. He has requested that the department shall take the name of his wife, Mrs. Cornelia B. Williams.

A PHYSICIAN HORRIBLY BUTCHERED.—Dr. Casson, physician to the Bon Sauveur Hospital for the Insane, was murdered on the evening of May 8th. Upon entering his room this morning his attendants found him lying on the bed in his nightshirt, his body literally covered with knife-wounds and his head nearly separated from the trunk. Dr. Casson was a quiet man and much respected by all who knew him. He was Maire of Albi under the Empire during the regime of Seize Mai.—*Times.*

A SCIENTIST who had heard the news about the alleged corner in sugar, spoke thus: "Let these cornerers beware. We are now operating in the domain of chemistry to procure various articles of food from inorganic substances, and a substitute for sugar, known as benzoic sulphinide, is now attracting the notice of chemists. Its sweetness is three hundred times that of sugar, and it is a purely inorganic compound. The discoveries of modern chemistry will hereafter be utilized more than they have yet been in the way of providing food for mankind."

A PHYSICIAN REMEMBERED.—Dr. Joseph Otto, the retiring Resident Physician of the Orthopædic Hospital, was presented with an ophthalmoscope and operating case. The gift was a testimonial from the nurses, attachees of the hospital, and patients, and the presentation was made in a neatly-delivered speech by Dr. Bricker. Dr. Otto, though much surprised, responded feelingly. The retiring physician was much liked by those with whom he was brought in daily contact, and bears with him to his new position, House Surgeon at the Wills Eye Hospital, the esteem of his old associates.

A MAN in Elmira, N. Y., who lately experienced the pleasure of being nearly hanged, states that the sensation was not at all a painful one. Here is what he says: "I could hear distant music, and a wonderful light flashed through the scene that made the whole place the most beautiful that I had ever seen. I felt awfully happy, and when I recovered my senses my first thoughts were of resentment to the rude persons who took me away from my beautiful vision." The experience of the gentleman executed by electricity under the new New York law has not yet been heard from; and it is also a safe bet that it won't be.—*Times.*

THE articles on the "Practical Applications of Electricity," which begin in the June Scribner, will, it is announced, be as complete a picture of the present position of Electricity in the industrial world as the Railway Series is of the great subject of transportation. The men who have been secured to write these articles are acknowledged authorities in the subjects of lighting, telegraphy, medical electricity, etc., including among their number President Morton, of Stevens Institute; C. L. Buckingham, of the Western Union; A. E. Kennelly, Mr. Edison's chief electrician; Dr. M. Allen Starr, and Professor Brackett, of the Princeton Scientific School.

IN MEMORY OF DR. GROSS.—The J. Aitken Meigs Medical Association held a meeting, April 22d, at which the following tribute of respect was paid to the late Prof. Samuel W. Gross:—

Resolved, That we will cherish the memory of Dr. Samuel W. Gross as a talented teacher, whose precepts then inculcated guide us in our daily pursuits; and that, together with the medical profession at large, we mourn the loss of a savant whose impressive teaching, erudite writing, and originality of thought and operative skill have made him a master in surgery.

The Alumni Association of Jefferson Medical College also published, on April 23d, appropriate resolutions in memory of the late Dr. Gross.

SEASIDE HOUSE FOR INVALID WOMEN.—The eleventh annual report of the board of managers of the Seaside House for Invalid Women, at Ohio and Pacific Avenues, Atlantic City, shows that six hundred and three patients were cared for last season. The treasurer's account shows receipts of $8525.41, and expenses $8097 99, leaving a balance on hand of $427.42. This balance is over three hundred dollars less than at the end of the previous season. The charge for board, medicine, attendance, etc., is less than two-thirds of the actual cost, the deficiency being made up by voluntary contributions. Frank K. Hipple, 1340 Chestnut Street, is treasurer of the institution, and all contributions should be forwarded to him.

YELLOW FEVER RAVAGES AT RIO.—Health Commissioner Stuart, of Baltimore, Md., has received a dispatch from Surgeon-General Hamilton, of the Marine Hospital Service, U.S.N., notifying him that at Santos and Rio, two ports from which the coffee importers of that city receive almost all of their coffee, the yellow fever is raging with greater violence than ever before. The doctors of Rio have become so much alarmed at the prospective loss of commerce to the country that they now call the disease accesso pernissiosso, hoping that the new name will allay the fears of proposed tourists. At the time of the last report from Rio there had been one hundred and eighty-six deaths from yellow fever in four days.

LOOKING AT A BODY DURING CREMATION.—At a recent cremation a certain undertaker in the city decided to watch the action of the heat on the body as it was being consumed. He stationed himself at the small glass that gives a view of the inner furnace and watched the process. The body was that of a woman. As the heat came on, the hair began to rise and fall over the face. The eyes opened and stared wildly at the top of the furnace, the fingers and feet moved as though in agony, the mouth opened, and every muscle in the body seemed to be writhing from the terrible pain of the intense heat. The attachees of the crematory say that this is always the effect on a body. The undertaker has slept but very little since the experiment.—*Buffalo Courier.*

THE POWER OF SYMPATHY.—Dr. Howard Crosby tells an anecdote to illustrate the power of sympathy. The doctor said that a short time ago he was on a New York horse-car, when a drunken man entered and began using profane and vulgar language. Some of the men in the car spoke very sternly to the intruder and told him to "shut up." The man went on cursing worse than before. Dr. Crosby went over to him and began talking to him in a soothing manner. The drunken fellow quieted, and in a few moments got up to leave the car. As he did so he scowled savagely upon the men who had spoken harshly to him. Then he turned to Dr. Crosby, his face beaming with amiability, and putting his hand affectionately on Dr. Grosby's back, he said:—

"Ah, old feller, you know how it is yourself."
—*Burlington Hawkeye.*

SEXUALITY IN ATOMS.—Mr. Mason Kinne is a quiet gentleman, who has lived for many years in this city. He is an enthusiastic member of the Microscopical Society, an honorary member of several foreign scientific societies, and contributes to several scientific journals. He is an indefatigable investigator. Some time ago he declared that he had discovered sexuality in atoms, that is, after examining the smallest fragments of inorganic matter, iron and other mineral substances, he had discovered certain traces that led him to believe that all atoms, animal and vegetable, are either male or female, and reproduce their species. The importance of such a discovery cannot be estimated. If verified, and Mr. Kinne is confident that it can be verified, it means the revolution of science—a new alphabet for geology, chemistry, and natural philosophy.—*San Francisco Call.*

YELLOW FEVER GERMS.—Dr. Benjamin Lee, who went to Florida several weeks ago, with other distinguished medical men, on a tour of inspection of the district infected last year with yellow fever, has lately returned to this city. Dr. Lee thinks it would not be surprising if Jacksonville was again the scence of a fever scourge this summer. If that city escapes, he says, it will be because material was exhausted by the disease last year, and not because its sanitary arrangements are so perfect as to prevent it.

The past winter has been unusually mild in Florida as elsewhere. The frosts were not sharp enough to destroy the fever germ, and already the disease has developed at Sanford. The doctor says that the north-bound trains are crowded with people leaving Florida. Every precaution has been taken, however, to prevent a breaking out of the disease.—*The Call.*

ONE of the most interesting of the quiet fights, in a friendly way, for places, that is going on, is that for the position of pension examiners or surgeons. The present ones, with the exception of Dr. H. Earnest Goodman, are Democrats, Drs. Hickman and O'Hara. All three are candidates for reappointment. Dr. Goodman, who is a prominent member of the Military Order of the Loyal Legion, has had large experience, having served in his present position since the close of the war. Among the numerous outside competitors are Drs. Patterson, Ramsey, and R. A. F. Penrose. The latter is a brother of Senator Boies Penrose. Dr. Ramsey is president of the Seventh Ward Sectional School Board, and served with credit both in the army and navy during the rebellion. Dr. Patterson is also a soldier, with severe wounds. It is said that no one will be appointed who did not serve in some way during those times.—*Philadelphia Inquirer.*

SUNSHINE AS A MEDICINE.—Sleepless people—and there are many in America—should court the sun. The very worst soporific is laudanum; the very best is sunshine. Therefore, it is very plain that poor sleepers should pass as many hours of the day as possible in the sunshine, and as few as possible in the shade. Many women are martyrs and do not know it. They shut the sunshine out of their houses and their hearts; they wear veils; they carry parasols; they do all that is possible to keep off the subtlest and yet the most potent influence which is intended to give them strength and beauty and cheerfulness. Is it not time to change all this, to get roses and color in our pale cheeks, strength in our weak souls? The women of America are pale and delicate. They may be blooming and strong, and the sunlight will be a potent influence in this transformation.—*Evening Telegraph.*

ETHER AS AN INTOXICANT.—The curious habit of taking ether as an intoxicant is becoming dangerously prevalent in the north of Ireland. The resident physician of Londonderry Lunatic Asylum states that quite a number of cases of insanity have been produced by the constant use

of this drug. One wholesale druggist in Dublin sends hundreds of pounds' worth north every year. On account of its extreme volatility the intoxication it produces is so transient that a person may get gloriously drunk and become completely sober again in a couple of hours. But the reaction, though at first impercepticle, is apparently cumulative in its results, and ultimately leads to mental derangement. One well-known gentleman, incredulous of its effects, recently took a dram, and got so drunk that he broke a window in his ethereal exuberance of spirits, and but for the kind offices of a friend would have spent the night in a police station.—*Inquirer.*

The Lying-in Charity.—The fifty-eighth annual meeting of the contributors to the Lying-in Charity at the corner of Eleventh and Cherry Streets, Philadelphia, was held May 8th. Dr. Ellwood Wilson presided. The following officers were elected: Managers, Thompson C. Gill, Hood Gilpin, Henry C. Gibson, Charles H. Howell, Mrs. G. M. Jones, Mrs. M. E. Seeger. The annual report stated that during the fifty-eight years of the existence of the Charity fourteen thousand eight hundred women had been admitted. The disbursements during the past twenty years were one hundred and sixty thousand dollars. The Board of Managers are now making an appeal for aid for the new building, on which there is a mortgage of fifteen thousand dollars. The total receipts for eighteen months are fifteen thousand four hundred and ninety-eight dollars and eighty-two cents, and the disbursements fourteen thousand nine hundred and sixty-two dollars and twenty cents. The building fund account amounts to fifty-two thousand four hundred and ninety-two dollars and forty-two cents.

Imagination in Disease.—A story has been told at times during the past ten years in this city of a resident who, imagining he was ill, went to bed, and when told by the physician who had been summoned to attend him that nothing was the matter with him, replied that he was sick, he knew he was sick, and would be dead in less than a week. He fulfilled his predictions by dying. Another case, somewhat similar, was told on Friday. A young man residing in the Ninth Ward has the measles, and "caught it by imagination." His home is in the country, where he went a fortnight ago. A brother at that time told him how he had been exposed to measles over a month before, and of his luck in escaping contagion, and when the young man, who boards in this city, returned, he told his shopmates about his brother, adding that he felt sure he would take the disease. Every day he brooded over the matter, saying he knew he would get it, as it was just his luck, and, sure enough, he did get it, and is now ill at his boarding-house with the old-fashioned measles, good and hard.—*Kingston (N. Y.) Leader.*

Physicians' Aid Association in Philadelphia.—The treasurer's eleventh annual statement of the Mutual Aid Association of the Philadelphia County Medical Society shows that the members of the Association now number ninety-four. Fifty-one are life members and forty-three annual members, of whom three are in arrears for dues, and eleven have forfeited their membership by failure to pay, their aggregate indebtedness being about two hundred dollars.

The number of benefactors is fifteen. Since the last annual report (May, 1888) two life members have been added. The Association has lost by death two of its members — Dr. Christopher Henry Miller, January 11th, and Dr. William J. Fleming, March 1, 1889.

The officers of the Association for 1889 are: President, Benjamin Lee, M.D.; Vice-Presidents, Oscar Huntingdon Allis, M.D., Samuel Doty Risley, M.D.; Treasurer, George Benson Dunmire, M.D.; Secretary, William Biddle Atkinson, M.D.; Directors, Henry Hollingsworth Smith, M.D., Ch'm., Henry St. Clair Ash, M.D., Michael O'Hara, M.D, De Forest Willard, M.D., Morris Stroud French, M.D., William Biddle Atkinson, M.D., Albert Fricke, M.D., Richard James Dunglison, M.D., James Collins, M.D.; Committee of Benevolence, Henry Hollingsworth Smith, M.D., Albert Fricke, M.D., William Biddle Atkinson, M.D.

The annual meeting of the Association was held at Thirteenth and Locust Streets, Philadelphia, on May 6th.

A Patient's Scheme for Cooking his Doctor.—The managing doctor of a private asylum in Russia (so the story runs) lately had complaints laid before him by one of the patients, who was considered convalescent, as to the poor quality of food which was given, particularly the soup, which he stated was half water. The doctor, thinking it was not unlikely that the cooks took avantage of the weak intellects of the patients to tamper with the food, and acting upon the suggestion of the man who had laid his complaint in a very coherent manner at once proceeded to the kitchen to inspect the soup which was boiling in a huge cauldron over the fire. He lifted the lid, and was about to take out a small quantity to test it, when he was startled by the patient, who had followed him into the kitchen, whispering in his ear, "Do you know, doctor, you are so nice and fat, you would make good strong broth." The man then seized him by the shoulders, preparatory to throwing him into the cauldron. The doctor knew that it would be useless to struggle with the lunatic, who was tall and powerful. With great presence of

mind, he said quietly, "I quite agree with you, it is an excellent idea, but I fear my clothes will spoil the flavor of the soup. Let me first go and take them off." The madman seemed to see the force of this reasonable request, and permitted the latter to leave the kitchen. By this means the doctor was able to call for assistance, and have the man placed under arrest.—*Philadelphia Ledger.*

FEATURES OF A CONVICT COMMUNITY.—Many of the prisoners were known among themselves by what seemed to be very odd names, and I learned that they were nicknames taken from some circumstance connected with the crimes they were expiating. Sometimes there was a ghastly sort of humor about these names. One, who had murdered a priest, was called "O Padre," the priest; another, who had murdered a man for his money and had found but half a *patica* upon him, was called "Meia Pataca," half a pataca, about sixteen cents; another, for a similar reason, was called "Quatro Vintens," four cents.

These are simply instances of how the minds of these people dwelt constantly upon crime, how they admired crime, and constantly gravitated toward it. About their work in shop or field, the daily bread of their minds was to think and talk of crime in every shape that diseased minds and perverted natures can conjure it up. One would entertain his companions by detailing to them the story of some crime committed by himself, or of which he had knowledge, while every one listened attentively, like so many experts. The story ended, criticism began, and each one would indicate what he considered the weak points in the plan and its execution, and would suggest improvements here and there. One story always led to another, and, as might be expected, minds accustomed to this highly seasoned food soon rejected all other.—From "*The Convict Island of Brazil*," by JOHN C. BRANNNR, *in the Popular Science Monthly for May.*

ONE SECRET OF HEALTH.—An old physician, being once appealed to for some general, comprehensive rule for the preservation of good health, replied: "Keep clean." Cleanliness, from a medical point of view, generally means the absence of noxious germs. The laity generally comprehend in the term freedom from foreign substances, while the psychologist and moralist have reference to the purity of mind and soul. All these combined would form the first principle of good health. Freedom from all filth with reference to the body and its surroundings, freedom from contamination of mind and soul, would make the individual not only free from material pollutions, but would inspire him with a sense of cleanliness, a feeling of purity that would cleanse life and glorify the consciousness of living. There is a meaning in that word "clean" that penetrates beyond things seen and touches the mental and spiritual nature of humanity. Cleanliness in a material sense may not abhor dissipations and debauches which oppress life with a sense of impurity, vitiating the sources of health and impairing its enjoyment. "Keep clean," is an admonition carrying with it an inspiration which not only invigorates life, but makes it enjoyable and beautiful. Cleanliness brings not only comfort and health, but it adorns living, gives existence a charm, imparts consciousness of life, real enjoyment, thought and feeling of existence, the purpose and sanctity of living.—*Exchange.*

THE MEDICAL REGISTER.—Dr. Shoemaker, in retiring as editor of the Register, makes the following announcement:—

"We are very glad to be able to announce to the readers of the Medical Register that we have effected a combination with the Philadelphia Medical Times and the New York Dietetic Gazette, beginning with our next issue, May 4th. The subscriptions and advertisements of the two journals first named, together with all their trained corps of workers will be engrafted upon the Medical Register, thus furnishing to our patrons one of the best conducted weekly periodicals published in America. Dr. John V. Shoemaker, the editor, regrets that with this change, owing to the pressure of other promised literary work, he will be compelled to retire from the editorial management of the Register. He is, however, most happy to be able to state that an arrangement has been made with Dr. William F. Waugh, of Philadelphia, an able writer, to assume editorial control of the Register, together with the Times and the Dietetic Gazette. The Register will, therefore, appear as heretofore, every Saturday morning, with the addition of the honored name of the Times, a journal that has had a successful career of eighteen years. The editor will continue to be interested in the Times and Register with Dr. William F. Waugh, and will do all in his power to assist and forward the usefulness of the journal to the subscribers. He, likewise, hopes to continue a journalist as long as he lives, and trusts, after the fulfillment of his present promised literary duties, to be able to resume more active work upon the Register. In conclusion, the editor wishes to thank the contributors and his friends for their most hearty co-operation and assistance in making the Register one of the most successful of the American weekly medical journals.

FALSE RETURNS.—The Cincinnati Medical Journal has, from time to time, advocated the establishment of State examining and licensing

boards for the purpose of regulating the practice of medicine. It has observed with pleasure the development of this movement in the various States, and has had particular satisfaction in noting the work of the State Board of Examiners of Virginia. The exhibit that it made of its first year's work, showing, in tabulated form, the number of applications and rejections, and the schools at which the various applicants were educated, was recognized by us as placing the matter of educational results in exactly the right light; for we have long held that the various colleges of the country should stand or fall by records made before independent examining boards.

Our confidence and we feel that that of the profession also has been shaken by the revelations concerning these same Virginia returns, which, on the occasion of their first publication, gave us such satisfaction. Three rejections were reported among the graduates of the Medico-Chirurgical College, of Philadelphia, making 100 per cent. of failures for that institution before the board. Examination revealed the fact that but one applicant had come before the board, and that he had appeared and failed three times. This statement of facts simply gives the lie to the Virginia State Board of Medical Examiners and Licensers so far as its declarations of its own work are concerned. To-day, nobody is able to tell, from published returns, how many individuals have applied to that body for license and how many have been rejected. The confidence of the profession and the public has been shaken in medical examininng and licensing boards, and the cause of reform has thereby received a severe shock.—*The Cincinnati Medical Journal.*

THE FUTURE OF PHOTOGRAPHY.—The ease with which photographs can now be taken by any one is destined to have an important influence upon science, art, and literature. It must not be supposed, however, that with the cheapness of material, and simplicity in applying it, perfection in the art of photography is any nearer to its votary than it was when the difficult wet plate was in vogue. Pictures can be taken more readily than formerly; but the conditions of light and composition remain as difficult as ever—and the amateur every year throws behind him his quickly-taken photographs and discovers that art is still long.

The improvements in photography have resulted from the labors of the chemist rather than from those of the optician and the makers of lenses. Indeed, one of the most remarkable features of photography is the simplicity of the apparatus which is necessary. This simplicity, perhaps, might have been foreseen by a careful study of the human eye. The eye of every person may be said to constitute a detective camera. The retina is the dry plate upon which all objects are focussed by means of the crystalline lens; the cavity behind this lens constitutes the camera, the iris and pupil the diaphragm, and the eyelid the drop-shutter. The latter, it is true, is a slow drop-shutter—not faster than the tenth of a second—whereas the drop-shutter that is employed to take an express train may move as fast as the one-hundredth of a second, or ten times as fast as the eyelid. The eye gives the brain a number of composite impressions of an object in motion, while the sensitive plate and the drop-shutter of the camera can give but one phase of the motions. It does not seem just, therefore, that the photographer should insist that the sculptor or artist should copy certain instantaneous attitudes of animals in motion, for the eye does not see them.—PROF. JOHN TROWBRIDGE, in the May *Scribner's.*

THE VIRGINIA MEDICAL EXAMINING BOARD.—The Southern Clinic of Richmond, Va., again exposes the poor and loose work of the Examining Board in that State in the issue of the journal for May, as follows:—

We noticed an article in the Medical and Surgical Reporter, of Philadelphia, of March 30th, in which Dr. W. C. Dabney, of the University of Virginia, undertook to defend the Board against certain charges made by the Medical Register, and which were taken originally from the Southern Clinic. We clip his answer as follows:—

1. It is stated that the President of the Board (Dr. A. G. Latham, of Lynchburg, was then President) requested that a certain candidate be given "a nominal examination of ten minutes." Dr. Nelson tells me that the circumstances were as follow: A Dr. Blubaugh, who had practiced in Virginia prior to January 1, 1885 (when our law went into effect), as *a member of a firm of physicians*, asked whether he would have to stand an examination. The law was not explicit on this point, but Dr. Latham believed he was entitled to practice *without* an examination; but he advised Dr. Blubaugh to stand a nominal examination so as to comply technically with the provisions of the law. Subsequently, however, Dr. Latham reconsidered the matter and told Dr. Blubaugh that he must stand a regular and thorough examination.

2. It is stated that the returns "were altered" at a recent meeting of the Board. Dr. Nelson tells me that at the meeting in Norfolk in October last two negroes presented themselves, one a graduate of Howard University, Washington City, and the other a graduate of the Leonard Medical School for Colored Men, in Raleigh, N. C. One of these men had been registered three times before, and the other once before. At the meeting in Norfolk they did not reach the required standard (75 per cent.), but the Board made an exception in their case, and licensed them to practice medicine in Virginia. The Board was induced to do this, Dr. Nelson tells me, by two considerations; one was that these

men expected to practice in a section of country inhabited almost entirely by negroes, and where no white man could make a living; and the second consideration was that they had spent all their means in acquiring what education they had, and therefore could not pursue their studies further at any medical school. It was the opinion of the Board, furthermore, that they were capable of doing substantial service to the persons among whom they proposed to settle.

It seems that Dr. Dabney finds the statements concerning "a nominal examination of ten minutes," and "the alteration of the returns," to be substantially correct as stated in this journal. He, however, finds it necessary to make several explanations attempting to justify these unlawful proceedings. The first one is that Dr. Latham, the President of the Board, thought that the applicant for whom he asked "a nominal examination of ten minutes" should not be compelled to stand any examination. It is strange why he was therefore sent before the Board to stand a farce! But Latham's "reconsideration" came at a very poor moment; for he "reconsidered" when a high-toned, true, and honorable member of the Board refused to be a party to any such unjust transaction! So much for Dr. D.'s explanation of the causes prompting Dr. Latham to ask for a "nominal of ten minutes."

The answer to the second charge of "altering the returns" is the weakest one we have ever heard. It is simply a confession that two incompetent candidates were granted permits, because they would practice on *colored people*, and had expended all their money and could not longer pursue their studies at a medical school!! We thought this law was intended for the welfare of all classes, and certainly expected the ignorant classes to be considered even more than our enlightened friends in the choice of a medical man. We are told that the *Board* "raised" these incompetents and granted them permits. This is not true. The permits were granted without the knowledge of all members of the Board, and our friend, Dr. R. A. Lewis, protested against this action.

But this is not the first time that the "poor young man" has been considered and raised and passed where merit failed him. We will allude to this further on and more specifically. We propose now to show that this Board, which we have worked hard to inaugurate and sustain even up to the present moment, has proven a failure and has disappointed its most ardent friends; it has done an injustice to colleges and students, as well as to those of us who have been battling for its existence. We will revert now to a specimen of its work *when Dr. Dabney was its president*, and leave our readers to judge of Dr. Dabney's fitness as a critic in the matter of Examining Boards!! The following from the Clinic of February, 1887, will be a reminder to Dr. Dabney of the fact that he helped to foist upon the profession one of the most unscrupulous rascals that has travelled through this section for many a day:—

"*Is the State Medical Examination a Farce, After All?*—We are prompted to ask this question in consequence of the appearance of an article in one of our city papers, of date of January 18, 1887, and, at the risk of giving the party to whom it refers a still further free advertisement, we reproduce it in full:—

"'*Arrival of a Noted Physician at the St. Claire Hotel—The Only Specialist in Virginia.*—The reporter, in search of news, called at the St. Claire Hotel, and learning that Dr. French had taken parlors there, he called at once on the Doctor for an interview. We found him busily engaged in unpacking boxes and trunks, and at the same time his agent, Mr. Hardaman, was seeing to the circulars which he was having scattered broadcast throughout the city. Seating ourselves, the following facts were learned:—

"'Dr. French hails from Cincinnati, O, but the past eight years he has spent in the principal cities of the South and West, where those sick with chronic diseases of all kinds have flocked to him by the thousands. He came to this State eight months ago, dividing the time between Lynchburg and Norfolk. He claims to be the only specialist in the treatment of chronic diseases who has qualified under the State law. The Doctor goes only to those States where the law demands a rigid examination, as that excludes all opposition. He furnishes his own medicine, and in no case is the patient required to pay extra for it. The entrance to his office is on Grace Street, where every one can readily find him. He says he comes here not to make war on the medical profession, as he was once a family physician himself; but now he treats only those cases which have gone from door to door without any relief from their sufferings. Chronic diseases is his speciality. His whole life is devoted to the cure of such cases as nasal catarrh, indigestion, heart disease, rectal troubles, paralysis, cold feet, rheumatism, eye troubles, skin affections, nervous debility, etc., etc. His medicines are suited to such cases and made expressly for him. The Doctor will lay before our readers at an early day some extracts from the press of cities where he has visited, showing, among other things, his manner of diagnosis and treatment. He rarely finds it necessary to make a physical examination, but without asking questions he tells their every ache and pain, and locates their disease as if reading from a book. We predict that he will have a successful visit in Richmond. He treats at a distance with equal success. Consultations free and confidential.'

"It would appear from the above that we have in our midst a most marvelous healer of all manner of ills, whose fame is so great that thousands come flocking to him to be made whole. So great, indeed, is the fame of this party that he only visits States 'requiring rigid examina-

tions;' and, as he has qualified under the laws of this State, he must therefore have passed the examination of our State Board with flying colors!! It seems that he thus courts such 'rigid examination' because, in such localities, he finds less opposition and is also enabled to produce the very best possible indorsements of his eminent skill and fitness to ply his calling as an advertising specialist. As to the character of the 'rigid examination' given this new comer by our Board we have nothing to say, but would like very much, for our own edification, to know just how he satisfied his examiners as to his ability to *cure* 'nasal catarrh, heart disease, or paralysis.' We understood that this Board was constituted for the protection of the people, *the dear people*, and we must protest against its being used to bolster up an itinerant who, with specious advertisements, offers to cure, for a moneyed consideration, those ailments known to be absolutely incurable, except in a few rare cases, and then only by the gradual processes of repair adopted by nature.

"Can our Board indorse a man who 'rarely finds it necessary to make a physical examination, but without asking questions he tells their every ache and pain and locates their disease as if reading from a book?' Surely there is something wrong here, either with the members of the Board granting this party a certificate or with the officers of the law granting him a license.

"Since writing the above, we have called upon Dr. French at his rooms, and find that he belongs to that class of 'traveling doctors' who, by flaming advertisements and promises of miraculous cures, makes his living out of the credulities of the people. .We were politely received, and in answer to our question as to whether he had really passed the Medical Examining Board of Virginia, he referred us to a framed certificate of the Board, signed by Dr. Wm. C. Dabney, president of the Board at that time, and now a professor in the University of Virginia. Not only were we shown this certificate, but also a personal letter of Dr. Dabney, congratulating him on having passed the examination so satisfactorily. We will say no more on this subject at this time, but leave the matter where it is, that our friends may digest it for what it is worth."

We would ask what honesty or consistency can be seen in the conduct of a man who licenses and additionally recommends such parasites as the above, and then, on the other hand, poses as the champion of "higher medical education" and State regulation of practice? What has the profession of this State to be proud of in a Board that recognizes itinerant quacks and honors them with its certificates?

What has Dr. Dabney to say for the beauties of this Board when we tell him that in a letter before us from Dr. Nelson, the Secretary, we find that in April, 1887, out of "twenty-five applicants before the Board who were granted *permits, not over a dozen could write a page of English without flagrant errors, both orthographic and syntactical!*" This is the material the Board has been throwing upon the profession and the people. Truly this is a most wonderful stride in the direction of "higher medical education," so much sought after by Dr. Dabney.

Would that we could close here and leave our readers to hope for better things of the Board, but we have just received *reliable* information concerning the last examination held by this Board in April of this year. We find that there were thirty-nine applicants. Upon the first reading of the papers only *fifteen* were found to have passed an examination in conformity with the required standard. *Eight* of those below the standard were not so very much behind, and after some parleying these papers were re-read, re-marked, and *seven incompetent* men were deliberately raised to the required standard. Be it said to the honor of Dr. R. A. Lewis, that he refused to be a party to any such proceedings, and had his opposing vote so recorded. In our opinion the Medical Examining Board of Virginia is not what it should be in any sense of the word.

BOOK REVIEWS.

Wood's Medical and Surgical Monographs. Vol. i, No. 1. Consisting of original treatises and of complete reproductions in English of books and monographs selected from the latest literature of foreign countries, with all the illustrations, etc. Published monthly. Price, $10 per annum. Single copies, $1. New York: William Wood & Co., 1889.

The initial volume of Wood's Medical and Surgical Monographs, containing three distinct and separate contributions from a like number of well-known authors, is well calculated to attract the attention of the general practitioner. The subjects treated of are such as come under the daily observation of the physician, and the reputation of such authors as Jonathan Hutchinson and Robert M. Simon, of London, and Dr. Ferrand, of Paris, is a sufficient guarantee that no important therapeutic indications have been overlooked.

Dr. Hutchinson's contribution includes a series of six lectures upon the pedigree of disease with reference to temperament, idiosyncrasy, and diathesis, delivered some years ago at the Royal College of Surgeons. Common diseases of the skin is the subject of Dr. Simon's contribution, and covers a series of eight lectures, devoted to pruritus; eczema, its etiology, constitutional and local treatment; psoriasis, scabies, acne, and

ringworm, the whole forming an acceptable addition to our literature in this department.

Dr. Ferrand's series of fourteen clinical lectures covers the treatment of bronchitis in its various forms, including congestive, catarrhal, inflammatory, spasmodic, and infectious bronchitis. That section devoted to a consideration of spasmodic bronchitis, in which the varieties and symptoms are considered, has been examined with no little interest, and the subject is cordially commended to our readers. We cannot fully indorse the method of treatment, which is confined almost exclusively to the use of calmative and stimulating antispasmodics, while admitting the efficiency of opium, either alone or in combination with preparations of belladonna in a limited number of cases, as well as the use of lobelia, tobacco, and conium for the relief of the emergency; and it is evident that our author is unfamiliar with the researches of Murrell and Fraser upon the nitrites, as trinitrin, amyl nitrite. Our author has carefully studied the action of alterative medicines, of antimonials, of inhalations, and of expectorants, all of which occupy an important place in our therapeutic resources; but, unfortunately, we find no reference to the use of trinitrin or calcium sulphide, both of which are considered by some practitioners as indispensable for the relief of this malady.

No. 3 of this series, for 1889, completes the first volume, and is accompanied by a convenient and well-arranged index, which materially enhances its value for the busy physician. The first two contributions are from the pen of the eminent von Ziemssen, and their extremely practical character and timely appearance justly entitles them to a wide publication. The prominence which of late has attended the study of neurasthenia and antipyresis is sufficient to warrant us in anticipating an unusual demand for literature upon these topics from an authority so long celebrated in medical circles. No further indorsement of these papers is required at our hands than the statement that they were contributed by von Ziemssen. The tongue as an indication of disease is the subject of an elaborate article by Dr. W. H. Dickinson, of St. George's Hospital, London. It is accompanied by a number of handsomely colored plates, prepared from microscopic sections representing various classes of diseased conditions. These plates form an exceptionally valuable addition to the text, which has been written in a clear and attractive style. This contribution was originally delivered in the form of lectures, and is now reproduced with a preliminary note referring to the subject from an historical point of view.

Mr. Hovell, whose connection with Mackenzie in the treatment of Emperor Frederick will be remembered, is represented in the present number by an article on the treatment of cystic goitre.

Probably one of the most valuable contributions to recent literature is the article of Dr. Cauquil, of Paris, who discusses in a practical manner "New Remedies from 1878 to 1888." No physician in general practice can well afford to be without the information furnished in this *résumé*. Some of the topics considered in this summary may be mentioned as follows: Kola, lanolin, naphthol, amyl nitrite, trinitrin (nitroglycerin), papayotin, paraldehyde, pelletierine, resorcin, salol, and other remedies of equal importance.

Materia Medica and Therapeutics for Physicians and Students. By JOHN B. BIDDLE, M.D., late Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia. Eleventh edition, revised and enlarged, with special reference to therapeutics and the physiological action of medicines, by CLEMENT BIDDLE, M.D., U.S.N., and HENRY MORRIS, M.D. Cloth, 8vo, pp. 607. Philadelphia: P. Blackiston, Son & Co., 1889.

There is an old saying that familiarity breeds contempt, but the reappearance of Biddle's "Materia Medica" is a flat contradiction of the ancient maxim. The advances in therapeutics within the past few years, coupled with the demand for the work, has necessitated the preparation of the eleventh edition, the present revision having been entrusted to the care of Dr. Henry Morris, who has shown discretion and ability in the selection and treatment of new remedies lately brought to the attention of the medical profession. Amongst the number may be noted hypnone, urethan, adonidin, strophanthus, sparteine, iodol, lanolin, and saccharin. An entirely new section has been introduced upon the subject of antipyretics and new articles have been prepared upon antiseptic agents. The article upon electricity has been materially improved by rewriting and extension. The special feature of this work for many years consisted in its botanical descriptions, which are regarded as useless by the present editors, and consequently these descriptions have been expurgated or curtailed, allowing more liberal reference to therapeutics, and this department in the present edition offers an improvement upon those which have preceded it.

The mechanical execution of the work is superior, and a copious index has been added. In marked contrast, however, no attempt has been made with a view to facilitate reference to diseased conditions, as in the case of other works of this character, and we suggest that in future editions a clinical index, or index of diseases, would greatly improve the general character of this excellent treatise.

COMMERCIAL NEWS.

Breakfast Cocoa.

In these days, when food adulteration is so common, it is a comfort to find an article for the table that is thoroughly reliable. Walter Baker & Co.'s Breakfast Cocoa is eminent in this limited class. No chemicals are used in its manufacture and it is absolutely pure. It forms, moreover, a delicious and healthful drink, as refreshing, and more nutritious, than tea or coffee, and free from the injurious effects that those beverages sometimes produce. And it is very cheap withal. The house of Walter Baker & Co. has maintained for more than one hundred years a great and honored repute by the excellence and purity of its manufactures.

"23 291."

Wells, Richardson & Co., of Burlington, Vermont, have carefully compiled letters received from physicians, agents' reports, etc., and, as a result, find that 23,291 doctors prescribe Lactated Food.

This liberal patronage is the strongest indorsement Wells, Richardson & Co. could possibly get for their preparation. In order to further introduce this food, they are now forwarding a free sample, with interesting literature, charges paid, on request of those who as yet are unacquainted with its merits.

For Sale.

A physician of twenty-one years' practice, attended with unprecedented success in the profession, in a city of fifty-five thousand population, within half-hour's ride of Philadelphia, Pa., offers for sale his dwelling and offices attached, together with his good-will and practice.

Property centrally located and on the finest street in the city. Will introduce my successor in person to my patrons. Three-fourths of purchase-money can remain, if desired, on mortgage. Apply to A. B. C.,

Care The Medical Bulletin,
Philadelphia, Pa.

Medical Practices and Drug Stores bought and sold. Partnerships arranged. Assistants and Substitutes provided. Particulars free. Address The Medical Transfer Bureau, Lynn, Mass.

Significant Advertising.

S. R. Niles is now sending an advertisement of the celebrated Bon Marche, of Paris, to all the principal cities in the United States. This is a very suggestive fact to all business men. After having regularly advertised many years they have more than doubled the appropriation for this season. The proprietors of this enterprising store show that it pays to advertise, and the intelligent manner in which Mr. Niles has conducted the business has abundantly produced the best results in this country.—*Boston Globe*, April 26th.

Anæmia.

I have been suffering for some time with anæmia. Used Crystalline Phosphate for one week, and the result is marvellous. I have slept well every night, and I feel that I have had a long-needed rest. J. H. Lantz, M.D.,

Shreves, W. Va.

I consider Crystalline Phosphate highly advantageous as a food for weak and debilitated cases, where the lymphatics are at fault or diseased. S. D. Richards, M.D.,

227 Jefferson Ave., Detroit.

Dysmenorrhœa.

William Wiles, M.D., Snaresbrook, Essex, says: "I used Aletris Cordial especially in a case of severe dysmenorrhœa of considerable standing. The first period that occurred after taking the Cordial was passed through with considerably less pain than usual. The patient took the medicine for a week before the menstrual period was expected for six months. At the end of that time no difficulty or pain was experienced. So that, considering the time the patient had been suffering before, the benefit was very marked."

The writings of the late Dr. J. Milner Fothergill contain many passages which are true aphorisms. No truth could be more tersely and forcibly said than that in the passage from his "Manual of Dietetics:" "A suspicion that there is a difference between merely getting food down into the stomach and its digestion is abroad, and that a tablespoonful of milk and Mellin's Food which is digested is really better for the patient than a beefsteak which simply passes through the alimentary canal. To supply to the much-tried organism that which it really requires is to give the most efficient help to it."